


|  |   |   |  |
|--|---|---|--|
|  <b>AMERICAN MODERN<br/>INSURANCE GROUP, INC.</b><br><br><b>NEW YORK<br/>DWELLING APPLICATION</b> | <b>Check Company:</b><br><input type="checkbox"/> 070 American Family Home<br><input type="checkbox"/> 077 American Modern Home<br><input type="checkbox"/> 078 American Western Home<br><input type="checkbox"/> 080 American Southern Home<br><input type="checkbox"/> 085 American Modern Select | <b>Check Program:</b><br><input type="checkbox"/> DP1<br><input type="checkbox"/> Vacant<br><input type="checkbox"/> Vacant Manufactured Home<br><input type="checkbox"/> DP3 | Policy Number <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span><br><b>Use only at Direction of Company</b> |
|--|---|---|--|

|  |                            |   |                                    |
|--|----------------------------|---|------------------------------------|
| Agency Number <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span> | PHONE: _____<br>FAX: _____ | Subproducer Number <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span> | PHONE: ( ) _____<br>FAX: ( ) _____ |
| AGENCY NAME  |                            | SUBPRODUCER NAME  |                                    |
| ADDRESS  |                            | ADDRESS   |                                    |
| CITY/STATE/ZIP   |                            | CITY/STATE/ZIP  |                                    |

**BASIC INFORMATION / CLIENT INFORMATION**

|  |                 |                   |                        |   |
|--|-----------------|-------------------|------------------------|---|
| FIRST NAME                                   | MIDDLE INITIAL  | LAST NAME         | SS #:                  | DOB:  |
| SECONDARY APPLICANT'S FIRST NAME             |                 |                   | EMPLOYER:              |   |
| MIDDLE INITIAL                               |                 |                   | OCCUPATION:            |   |
| LAST NAME                                    |                 |                   | SS #:                  |   |
| APPLICANT'S HOME PHONE: ( ) _____            |                 |                   | DOB:                   |   |
| WORK PHONE: ( ) _____                        |                 |                   | OCCUPATION:            |   |
| LOCATION ADDRESS                             |                 |                   | MARITAL STATUS:        |   |
| CITY STATE ZIP COUNTY                        |                 |                   | EFFECTIVE DATE:        |   |
| MAILING ADDRESS (If different than location) |                 |                   | POLICY TERM IN MONTHS: |   |
| CITY STATE ZIP COUNTY                        |                 |                   | Protection Class       |   |
| Dwelling Limit                               | Purchase Date / | Purchase Price \$ | Year Built             | Feet to Fire Hydrant  |
|  |                 |                   |                        | Inside City Limits?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

**ELIGIBILITY INFORMATION**

|   |   |   |  |   |                                      |  |  |                 |
|---|---|---|--|---|--------------------------------------|--|--|-----------------|
| Occupancy<br><input type="checkbox"/> Owner<br><input type="checkbox"/> Rental<br><input type="checkbox"/> Seasonal<br><input type="checkbox"/> Vacant<br><input type="checkbox"/> Dwelling<br><input type="checkbox"/> Mobile Home | Families/Units<br><input type="checkbox"/> One<br><input type="checkbox"/> Two<br><input type="checkbox"/> Three<br><input type="checkbox"/> Four | Construction Type<br><input type="checkbox"/> Frame<br><input type="checkbox"/> Stucco or Asbestos<br><input type="checkbox"/> Brick Veneer<br><input type="checkbox"/> Brick / Masonry<br><input type="checkbox"/> Log<br><input type="checkbox"/> Hand Hewn Log | Roof Type<br><b>Date Replaced:</b> _____<br><input type="checkbox"/> Composition Shingle<br><input type="checkbox"/> Wood or Shake Shingle<br><input type="checkbox"/> Aluminum<br><input type="checkbox"/> Fiber Cement / Concrete<br><b>Roof Slope</b><br><input type="checkbox"/> Flat <input type="checkbox"/> Pitched | Electric Type<br><input type="checkbox"/> Slate<br><input type="checkbox"/> Steel<br><input type="checkbox"/> Tin<br><input type="checkbox"/> Other _____ | Roll Roofing<br>Tar & Gravel<br>Tile | Breaker Box<br>Fuse Box<br>Both Breaker Box and Fuse Box<br>Knob & Tube<br>Other | Style of Home<br>1 Story<br>1 1/2 Story<br>2 Story<br>2 1/2 Story<br>Bi-Level<br>Tri-Level | Sq. Ft. of Home |
|---|---|---|--|---|--------------------------------------|--|--|-----------------|

**IF RENTAL:** How many of the applicant's rental dwellings are insured with AMIG?  1-4  5-9  10 or more  
Is the dwelling occupied as a fraternity, sorority, student housing, or other similar occupancy?  Yes  No

|  |   |
|--|---|
| <b>IF VACANT:</b> Date the dwelling became vacant? _____<br>Reason for Vacancy: <input type="checkbox"/> Pending Sale <input type="checkbox"/> Between Tenancy<br><input type="checkbox"/> Under Renovation <input type="checkbox"/> Job Transfer <input type="checkbox"/> Estate <input type="checkbox"/> Other | <b>If VACANT MANUFACTURED HOME, Please List:</b><br>Length/Width      Make      Model      Serial # |
|--|---|

|   |   |   |   |   |   |  |   |
|---|---|---|---|---|---|--|---|
| Type of Foundation<br><input type="checkbox"/> Open<br><input type="checkbox"/> Slab<br><input type="checkbox"/> Crawl Space<br><input type="checkbox"/> Partial Basement<br><input type="checkbox"/> Full Basement | If there is a Full or Partial Basement, is it:<br><input type="checkbox"/> Finished<br><input type="checkbox"/> Unfinished<br><input type="checkbox"/> Partially Finished<br><input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% | Bathrooms<br># Full Baths _____<br># Half Baths _____ | Fireplaces<br><input type="checkbox"/> One<br><input type="checkbox"/> Two<br><input type="checkbox"/> Three<br><input type="checkbox"/> Four | Central Air Conditioning<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | Type of Garage<br><input type="checkbox"/> Attached<br><input type="checkbox"/> Built-In<br><input type="checkbox"/> Attached Carport | Size of Garage<br><input type="checkbox"/> 1 Car<br><input type="checkbox"/> 2 Car<br><input type="checkbox"/> 3 Car<br><input type="checkbox"/> 4 Car | Porches / Decks<br>Type _____ Square Feet _____<br><input type="checkbox"/> Open<br><input type="checkbox"/> Enclosed<br><input type="checkbox"/> Screened Patio<br><input type="checkbox"/> Balcony / Deck |
|---|---|---|---|---|---|--|---|

**LOSS INFORMATION      COVERAGES, LIMITS & PREMIUMS**

| Has the applicant had any losses in the last three years?<br><input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, please provide Prior Loss History. | <table style="width:100%;"> <tr> <th style="text-align: left;">Coverages</th> <th style="text-align: right;">Limit of Liability</th> <th style="text-align: right;">Premium</th> </tr> <tr> <td>Dwelling Base Premium</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Personal Property</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Increased Adjacent Structures</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Personal Liability</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Premises Liability</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Increased Medical Payments</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>*Deductible Change - Dollar Amount</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">+/- \$ _____</td> </tr> <tr> <td>Additional Living Expense</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Vandalism &amp; Malicious Mischief (Must be same as Coverage A Limit)</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Inspection Fee</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Other _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Other _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <th style="text-align: left;">Credits / Surcharges</th> <td></td> <td></td> </tr> <tr> <td>*Deductible Change-Percentage Amount</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">+/- _____ %</td> </tr> <tr> <td>*Other _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">+/- _____ %</td> </tr> <tr> <td colspan="3">*Apply Credit to Coverages A, B and/or C, refer to Rate Manual for rating method.</td> </tr> <tr> <td colspan="2" style="text-align: right;"><b>TOTAL POLICY PREMIUM</b></td> <td style="text-align: right;"><b>\$ _____</b></td> </tr> </table> | Coverages       | Limit of Liability | Premium | Dwelling Base Premium | \$ _____ | \$ _____ | Personal Property | \$ _____ | \$ _____ | Increased Adjacent Structures | \$ _____ | \$ _____ | Personal Liability | \$ _____ | \$ _____ | Premises Liability | \$ _____ | \$ _____ | Increased Medical Payments | \$ _____ | \$ _____ | *Deductible Change - Dollar Amount | \$ _____ | +/- \$ _____ | Additional Living Expense | \$ _____ | \$ _____ | Vandalism & Malicious Mischief (Must be same as Coverage A Limit) | \$ _____ | \$ _____ | Inspection Fee | \$ _____ | \$ _____ | Other _____ | \$ _____ | \$ _____ | Other _____ | \$ _____ | \$ _____ | Credits / Surcharges |  |  | *Deductible Change-Percentage Amount | \$ _____ | +/- _____ % | *Other _____ | \$ _____ | +/- _____ % | *Apply Credit to Coverages A, B and/or C, refer to Rate Manual for rating method. |  |  | <b>TOTAL POLICY PREMIUM</b> |  | <b>\$ _____</b> |
|---|--|-----------------|--------------------|---------|-----------------------|----------|----------|-------------------|----------|----------|-------------------------------|----------|----------|--------------------|----------|----------|--------------------|----------|----------|----------------------------|----------|----------|------------------------------------|----------|--------------|---------------------------|----------|----------|---|----------|----------|----------------|----------|----------|-------------|----------|----------|-------------|----------|----------|----------------------|--|--|--------------------------------------|----------|-------------|--------------|----------|-------------|---|--|--|-----------------------------|--|-----------------|
| Coverages   | Limit of Liability   | Premium         |                    |         |                       |          |          |                   |          |          |                               |          |          |                    |          |          |                    |          |          |                            |          |          |                                    |          |              |                           |          |          |   |          |          |                |          |          |             |          |          |             |          |          |                      |  |  |                                      |          |             |              |          |             |   |  |  |                             |  |                 |
| Dwelling Base Premium   | \$ _____   | \$ _____        |                    |         |                       |          |          |                   |          |          |                               |          |          |                    |          |          |                    |          |          |                            |          |          |                                    |          |              |                           |          |          |   |          |          |                |          |          |             |          |          |             |          |          |                      |  |  |                                      |          |             |              |          |             |   |  |  |                             |  |                 |
| Personal Property   | \$ _____   | \$ _____        |                    |         |                       |          |          |                   |          |          |                               |          |          |                    |          |          |                    |          |          |                            |          |          |                                    |          |              |                           |          |          |   |          |          |                |          |          |             |          |          |             |          |          |                      |  |  |                                      |          |             |              |          |             |   |  |  |                             |  |                 |
| Increased Adjacent Structures   | \$ _____   | \$ _____        |                    |         |                       |          |          |                   |          |          |                               |          |          |                    |          |          |                    |          |          |                            |          |          |                                    |          |              |                           |          |          |   |          |          |                |          |          |             |          |          |             |          |          |                      |  |  |                                      |          |             |              |          |             |   |  |  |                             |  |                 |
| Personal Liability  | \$ _____   | \$ _____        |                    |         |                       |          |          |                   |          |          |                               |          |          |                    |          |          |                    |          |          |                            |          |          |                                    |          |              |                           |          |          |   |          |          |                |          |          |             |          |          |             |          |          |                      |  |  |                                      |          |             |              |          |             |   |  |  |                             |  |                 |
| Premises Liability  | \$ _____   | \$ _____        |                    |         |                       |          |          |                   |          |          |                               |          |          |                    |          |          |                    |          |          |                            |          |          |                                    |          |              |                           |          |          |   |          |          |                |          |          |             |          |          |             |          |          |                      |  |  |                                      |          |             |              |          |             |   |  |  |                             |  |                 |
| Increased Medical Payments  | \$ _____   | \$ _____        |                    |         |                       |          |          |                   |          |          |                               |          |          |                    |          |          |                    |          |          |                            |          |          |                                    |          |              |                           |          |          |   |          |          |                |          |          |             |          |          |             |          |          |                      |  |  |                                      |          |             |              |          |             |   |  |  |                             |  |                 |
| *Deductible Change - Dollar Amount  | \$ _____   | +/- \$ _____    |                    |         |                       |          |          |                   |          |          |                               |          |          |                    |          |          |                    |          |          |                            |          |          |                                    |          |              |                           |          |          |   |          |          |                |          |          |             |          |          |             |          |          |                      |  |  |                                      |          |             |              |          |             |   |  |  |                             |  |                 |
| Additional Living Expense   | \$ _____   | \$ _____        |                    |         |                       |          |          |                   |          |          |                               |          |          |                    |          |          |                    |          |          |                            |          |          |                                    |          |              |                           |          |          |   |          |          |                |          |          |             |          |          |             |          |          |                      |  |  |                                      |          |             |              |          |             |   |  |  |                             |  |                 |
| Vandalism & Malicious Mischief (Must be same as Coverage A Limit)   | \$ _____   | \$ _____        |                    |         |                       |          |          |                   |          |          |                               |          |          |                    |          |          |                    |          |          |                            |          |          |                                    |          |              |                           |          |          |   |          |          |                |          |          |             |          |          |             |          |          |                      |  |  |                                      |          |             |              |          |             |   |  |  |                             |  |                 |
| Inspection Fee  | \$ _____   | \$ _____        |                    |         |                       |          |          |                   |          |          |                               |          |          |                    |          |          |                    |          |          |                            |          |          |                                    |          |              |                           |          |          |   |          |          |                |          |          |             |          |          |             |          |          |                      |  |  |                                      |          |             |              |          |             |   |  |  |                             |  |                 |
| Other _____   | \$ _____   | \$ _____        |                    |         |                       |          |          |                   |          |          |                               |          |          |                    |          |          |                    |          |          |                            |          |          |                                    |          |              |                           |          |          |   |          |          |                |          |          |             |          |          |             |          |          |                      |  |  |                                      |          |             |              |          |             |   |  |  |                             |  |                 |
| Other _____   | \$ _____   | \$ _____        |                    |         |                       |          |          |                   |          |          |                               |          |          |                    |          |          |                    |          |          |                            |          |          |                                    |          |              |                           |          |          |   |          |          |                |          |          |             |          |          |             |          |          |                      |  |  |                                      |          |             |              |          |             |   |  |  |                             |  |                 |
| Credits / Surcharges  |  |                 |                    |         |                       |          |          |                   |          |          |                               |          |          |                    |          |          |                    |          |          |                            |          |          |                                    |          |              |                           |          |          |   |          |          |                |          |          |             |          |          |             |          |          |                      |  |  |                                      |          |             |              |          |             |   |  |  |                             |  |                 |
| *Deductible Change-Percentage Amount  | \$ _____   | +/- _____ %     |                    |         |                       |          |          |                   |          |          |                               |          |          |                    |          |          |                    |          |          |                            |          |          |                                    |          |              |                           |          |          |   |          |          |                |          |          |             |          |          |             |          |          |                      |  |  |                                      |          |             |              |          |             |   |  |  |                             |  |                 |
| *Other _____  | \$ _____   | +/- _____ %     |                    |         |                       |          |          |                   |          |          |                               |          |          |                    |          |          |                    |          |          |                            |          |          |                                    |          |              |                           |          |          |   |          |          |                |          |          |             |          |          |             |          |          |                      |  |  |                                      |          |             |              |          |             |   |  |  |                             |  |                 |
| *Apply Credit to Coverages A, B and/or C, refer to Rate Manual for rating method.   |  |                 |                    |         |                       |          |          |                   |          |          |                               |          |          |                    |          |          |                    |          |          |                            |          |          |                                    |          |              |                           |          |          |   |          |          |                |          |          |             |          |          |             |          |          |                      |  |  |                                      |          |             |              |          |             |   |  |  |                             |  |                 |
| <b>TOTAL POLICY PREMIUM</b>   |  | <b>\$ _____</b> |                    |         |                       |          |          |                   |          |          |                               |          |          |                    |          |          |                    |          |          |                            |          |          |                                    |          |              |                           |          |          |   |          |          |                |          |          |             |          |          |             |          |          |                      |  |  |                                      |          |             |              |          |             |   |  |  |                             |  |                 |

**DIRECT BILL INFORMATION**

|   |  |   |
|---|--|---|
| <b>PAYMENT OPTION - Select One:</b><br>One pay - Full Premium Required<br>Four pay - 25% down*<br>Ten pay - 16.3% down*<br>E-Z Pay *(EFT - Monthly debits from bank account.)<br>Attach form #00220-08-G*(N/A Vacant) | <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express<br>Card#: <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span> - <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span> - <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span> - <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span><br>Expiration Date: _____ Amount to be Charged \$ _____<br>Name on Card: _____ | Down Payment \$ _____<br>Installment Fee \$ _____<br>Amount Enclosed \$ _____ |
| <b>New Business Bill To:</b> Applicant      Mortgagee #1<br><b>At Renewal Bill To:</b> Applicant      Mortgagee #1  |  | <b>Co. Use Only</b> \$ _____  |

## UNDERWRITING INFORMATION

|  | YES                      | NO                       |   | YES                      | NO                       |
|--|--------------------------|--------------------------|---|--------------------------|--------------------------|
| 1. Has applicant filed for bankruptcy in the past 5 years?   | <input type="checkbox"/> | <input type="checkbox"/> | 13. Is the primary heat source thermostatically controlled?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there any un-repaired damage or boarded-up windows?  | <input type="checkbox"/> | <input type="checkbox"/> | 13a. <i>If yes, what type?</i>  |                          |                          |
| 3a. Does the applicant own any animal with bite history or vicious propensities?   | <input type="checkbox"/> | <input type="checkbox"/> | Gas    Electric    Oil-Forced Air    Heat Pump  |                          |                          |
| 3b. Does the applicant own any Dobermans, Chows, Rottweilers, Pit Bulls, Akitas, wolves or wolf hybrids or any mix of these breeds?                                  | <input type="checkbox"/> | <input type="checkbox"/> | Electric Baseboard    Radiant Ceiling    Radiant Floor  |                          |                          |
| 3c. Does the applicant own any other wild or exotic animals, farm animals or horses?   | <input type="checkbox"/> | <input type="checkbox"/> | Electric Wall Heaters    Other _____  |                          |                          |
| If yes, please explain: _____  |                          |                          | 14. Does the dwelling have smoke detectors?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is there a swimming pool on the premises?   | <input type="checkbox"/> | <input type="checkbox"/> | 15. Is there a supplemental heating source used?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4a. If yes, is the pool enclosed by a fence at least 4 feet tall with a locking gate or can the steps and ladders to the pool be secured or removed when not in use? | <input type="checkbox"/> | <input type="checkbox"/> | 16. Are kerosene or portable space heaters used?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is there any farming conducted on the premises?   | <input type="checkbox"/> | <input type="checkbox"/> | 17. Does the dwelling have any unrepaired water damage or any water leaks?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is there any business conducted on the premises?  | <input type="checkbox"/> | <input type="checkbox"/> | 18. Is the dwelling an earth home, dome home, open pier, stilt home, condominium, or any other non-conventional design?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6a. If yes, does the applicant have any employees associated with the business operation?  | <input type="checkbox"/> | <input type="checkbox"/> | 19. Is the dwelling a row home or townhome?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. How many days has the dwelling gone uninsured immediately prior to the requested effective date? _____  |                          |                          | a. If yes, does the row home or townhome contain 8 units or less, have firewalls that extend to the roof separating each unit and not considered to be a condo? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the dwelling condemned?  | <input type="checkbox"/> | <input type="checkbox"/> | 20. Have the roof and electric been updated within last 20 yrs.?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has the applicant had similar insurance declined, canceled, or non-renewed?   | <input type="checkbox"/> | <input type="checkbox"/> | 21. Is the dwelling a manufactured home, or a modified manufactured home?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9a. <i>If yes, why?</i>  |                          |                          | 22. Does the dwelling currently have utilities such as natural gas, electric, or water?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Excess losses    Large losses    Failure to pay premium  |                          |                          | 23. Is the dwelling under construction or undergoing major renovation?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Physical Hazards    Carrier no longer writes in the state  |                          |                          | 24. Is the dwelling attached to, occupied as, or converted from a commercial risk?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Carrier no longer writes this type of business   |                          |                          | 25. Is the dwelling in foreclosure or currently 60 days or more past due on mortgage payments?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Applicant no longer belongs to association or group  |                          |                          | 26. Is the dwelling located in a landslide, forest fire, or brush fire area?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____  |                          |                          | 27. Is the dwelling located within 1,000 feet of rising water or in an area that is prone to flooding?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Name of prior carrier? _____ Exp. Date _____   |                          |                          | 28. Is the dwelling in an area that is isolated, not accessible by road?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has the applicant had a past conviction for arson, fraud, or other insurance-related offenses?   | <input type="checkbox"/> | <input type="checkbox"/> | 29. Is there an underground fuel storage or underground fuel tank on the premises?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Is the dwelling held in the name of a corporation?   | <input type="checkbox"/> | <input type="checkbox"/> | 30. Has the applicant had any other policies with American Modern?  | <input type="checkbox"/> | <input type="checkbox"/> |

## ANTI-ARSON (APPLIES TO RENTAL PROPERTIES IN THE CITIES OF BUFFALO, AND NEW YORK)

1. Please list the dates and selling prices of the property in all real estate transactions during the last three years. \_\_\_\_\_
2. Please provide the loss property in which you held an equity interest or mortgages where any loss exceeded \$1,000. \_\_\_\_\_
3. Are there any unpaid or overdue taxes for one year or more? \_\_\_\_\_
4. Are there any mortgage payments overdue by three months or more? \_\_\_\_\_

## LOSS PAYEE INFORMATION

Lienholder / Mortgagee     Additional Insured    (Please List Contract Seller as Additional Insured.)

Name \_\_\_\_\_ Loan Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Is Lienholder other than a financial institution?     Yes     No

Lienholder / Mortgagee     Additional Insured

Name \_\_\_\_\_ Loan Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Is Lienholder other than a financial institution?     Yes     No

## IMPORTANT NOTICE

As a part of our underwriting procedure, a routine inquiry may be made which will provide information concerning character, general reputation, personal and financial characteristics and mode of living. Information on the nature and scope of such a report, if one is made, will be provided upon written request. Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. In connection with this insurance, we may review your credit report or obtain or use a credit-based insurance score based on the information contained in that report. An insurance score uses information from your credit report to help predict how often you are likely to file claims and how expensive those claims will be. Typical items from a credit report that could affect a score include, but are not limited to, the following: payment history, number of revolving accounts, number of new accounts, the presence of collection accounts, bankruptcies and foreclosures. The information used to develop the insurance score comes from Choice Point.

## BINDER PROVISIONS

If the application indicates coverage is bound, then such insurance as is afforded by this binder is subject to the declarations, conditions, exclusions and other terms of the applicable policy form as is used by the company in the state where the risk is located. This binder shall expire 10 days from the effective date or it shall terminate: (1) immediately on notice of cancellation by the named insured or the company, or (2) on its effective date if replaced by a policy with an effective date the same day as that of the binder. If this binder is not replaced by a policy, a premium shall be charged for the period the binder is in effect.

**Is Coverage Bound?**     Yes     No

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Agent's Name (Please Print) \_\_\_\_\_

Agent's Signature \_\_\_\_\_ License No. \_\_\_\_\_ Date \_\_\_\_\_

**American Family Home Insurance Company**  
**\*Multi-Tier Disclosure**

In connection with this application for insurance we may review your credit report or obtain or use a credit based insurance score based on the information contained in the credit report.

This policy is issued as part of a multi-tier program as permitted New York State Insurance Code. The tier placement has been determined based upon objective underwriting criteria. The policy was assigned to one of five rate tiers. Tier 1 offers the lowest rate, while Tier 5 offers the highest. Your rate will vary based on the assigned tier. It is possible for you to move into a lower-rated tier upon renewal of your policy by one or more of the following means:

1. Renew without a claim in the prior policy term.
2. Improve your Financial Responsibility rating.

Should you have further questions regarding the multi-tier program, or if you need further information on how to improve your financial responsibility rating, you may contact your authorized insurance agent through whom you purchased this policy, or you may contact American Family Home Insurance Company at P.O. Box 5323, Cincinnati, OH 45201 or at 1-800-543-2644.

\*This notice only applies to owner and seasonal occupied homes.