

AMERICAN MODERN INSURANCE GROUP, INC. PENNSYLVANIA HO-10 SPECIALTY HOMEOWNER APPLICATION	Check Company Applicable: <input type="checkbox"/> 070 American Family Home <input type="checkbox"/> 077 American Modern Home <input type="checkbox"/> 078 American Western Home <input type="checkbox"/> 080 American Southern Home <input type="checkbox"/> 085 American Modern Select	Policy Number <input style="width: 100px;" type="text"/> Use only at Direction of Company
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Agency Number <input style="width: 100px;" type="text"/> PHONE: <input style="width: 100px;" type="text"/> FAX: <input style="width: 100px;" type="text"/>	Subproducer Number <input style="width: 100px;" type="text"/> PHONE: () <input style="width: 100px;" type="text"/> FAX: <input style="width: 100px;" type="text"/>
AGENCY NAME	SUBPRODUCER NAME
ADDRESS	ADDRESS
CITY/STATE/ZIP	CITY/STATE/ZIP

BASIC INFORMATION / QUOTE INFORMATION

FIRST NAME	MIDDLE INITIAL	LAST NAME	APPLICANT'S HOME PHONE () <input style="width: 100px;" type="text"/>
			WORK PHONE () <input style="width: 100px;" type="text"/>
LOCATION ADDRESS	CITY	STATE	ZIP
		COUNTY	# Families <input type="checkbox"/> One <input type="checkbox"/> Two
Effective Date <small>(12 Month Policy Term)</small>	Year Built	Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Feet to Fire Hydrant
		Protection Class	Occupancy <input type="checkbox"/> Owner <input type="checkbox"/> Seasonal
		Style of Home <input type="checkbox"/> 1 Story <input type="checkbox"/> 1 1/2 Story <input type="checkbox"/> 2 Story <input type="checkbox"/> 2 1/2 Story <input type="checkbox"/> Bi-level <input type="checkbox"/> Tri-level	Construction Type <input type="checkbox"/> Frame <input type="checkbox"/> Stucco or Asbestos <input type="checkbox"/> Brick Veneer <input type="checkbox"/> Brick / Masonry <input type="checkbox"/> Log <input type="checkbox"/> Hand Hewn Log

COVERAGES & LIABILITY

A. Dwelling Limit	B. Other Structures	C. Personal Property	D. Loss of Use	Basic Coverages Dwelling Base Premium _____ \$ Personal Property _____ \$ Other Structures _____ \$ Loss of Use _____ \$ Personal Liability _____ \$ Medical Payments _____ \$	Coverage Amt. _____ \$ _____ \$ _____ \$ _____ \$ _____ \$	Premium _____ \$ _____ \$ _____ \$ _____ \$ _____ \$
E. Personal Liability	F. Medical Payments	Deductible		Miscellaneous Coverages *Deductible Change - Dollar Amount _____ +/- \$ Other: _____ \$		

LOSS INFORMATION

Has the applicant had any losses in the last three years?
 Yes No If yes, please provide Prior Loss History.

Date	Cause	Description	Amount

How many Dwellings are owned by the Insured? _____

*Apply Credit to Coverages A, B and/or C, refer to Program Guide for rating methods.	Total Premium \$ _____
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VALUATION & UNDERWRITING

Square Footage of Home	<input type="checkbox"/> Open <input type="checkbox"/> Slab <input type="checkbox"/> Crawl Space <input type="checkbox"/> Partial Basement <input type="checkbox"/> Full Basement	Type of Foundation If there is a Full or Partial Basement, is it: <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished <input type="checkbox"/> Partially Finished <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75%	Roof Type: Date Replaced: _____ <input type="checkbox"/> Composition Shingle <input type="checkbox"/> Wood or Shake Shingle <input type="checkbox"/> Aluminum <input type="checkbox"/> Fiber Cement / Concrete <input type="checkbox"/> Slate <input type="checkbox"/> Steel <input type="checkbox"/> Tin <input type="checkbox"/> Other _____	Bathrooms # Full Baths _____ # Half Baths _____	Fireplaces <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four	Central Air Conditioning <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Garage	Size of Garage	Porches / Decks	Purchase Date	Purchase Price	Electric Type	
<input type="checkbox"/> Attached <input type="checkbox"/> Built-In <input type="checkbox"/> Attached Carport	<input type="checkbox"/> 1 Car <input type="checkbox"/> 2 Car <input type="checkbox"/> 3 Car <input type="checkbox"/> 4 Car	Type <input type="checkbox"/> Open <input type="checkbox"/> Enclosed <input type="checkbox"/> Screened Patio <input type="checkbox"/> Balcony / Deck	Square Feet _____	_____ / _____	\$ _____	<input type="checkbox"/> Breaker Box <input type="checkbox"/> Fuse Box <input type="checkbox"/> Both Breaker Box and Fuse Box <input type="checkbox"/> Knob & Tube <input type="checkbox"/> Other

CLIENT INFORMATION

MAILING ADDRESS (If different than location address)	CITY	STATE	ZIP	COUNTY	SS #:	DOB:
					PRIMARY INSURED'S MARITAL STATUS:	
					OCCUPATION:	
SECONDARY APPLICANT'S FIRST NAME					MIDDLE INITIAL	
					LAST NAME	
					SS #:	
					DOB:	
					OCCUPATION:	

DIRECT BILL INFORMATION

PAYMENT OPTION - Select One: <input type="checkbox"/> One pay - Full Premium Required <input type="checkbox"/> Four pay - 25% down* <input type="checkbox"/> Ten pay - 16.3% down* <input type="checkbox"/> E-Z Pay *(EFT - Monthly debits from bank account.) 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 Card#: <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> Expiration Date: _____ Amount to be Charged \$ _____ Name on Card: _____	Down Payment \$ _____ Installment Fee \$ _____ Amount Enclosed \$ _____
New Business Bill To: <input type="checkbox"/> Applicant <input type="checkbox"/> Mortgagee #1 At Renewal Bill To: <input type="checkbox"/> Applicant <input type="checkbox"/> Mortgagee #1		Co. Use Only \$ _____

UNDERWRITING INFORMATION

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

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

REMARKS

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 knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalty. 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 that credit report. We may use a third party in connection with the development of your insurance score.

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.

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

Is Coverage Bound? Yes No

Applicant's Signature _____ Date _____

Agent's Name (Please Print) _____

Agent's Signature _____ License No. _____ Date _____