



AMERICAN MODERN INSURANCE GROUP

Manufactured Homeowners Insurance Application

Check Company Applicable:

- 070 American Family Home
077 American Modern Home
078 American Western Home
080 American Southern Home
Other

Policy Number

Use only at Direction of Company

Agency Number, PHONE, FAX, Subproducer Number, PHONE, AGENCY NAME, SUBPRODUCER NAME, ADDRESS, CITY/STATE/ZIP

APPLICANT INFORMATION

LAST NAME, FIRST, MIDDLE INITIAL, HOME PHONE, WORK PHONE, E-mail Address, MAILING ADDRESS, CITY, STATE, ZIP, COUNTY, DATE OF BIRTH, OCCUPATION, MARTIAL STATUS, SOCIAL SECURITY NUMBER, CO-APPLICANT'S LAST NAME, SOCIAL SECURITY NUMBER, DATE OF BIRTH, LOCATION OF HOME, CITY, STATE, ZIP, COUNTY, PARK / COMMUNITY NAME, LOT #, PERIOD OF INSURANCE, EFFECTIVE DATE, EXPIRATION DATE, MONTHS

MORTGAGEE/LIENHOLDER/LOSS PAYEE (Mark box for additional Mortgagee and show in "Remarks" on back of application.)

NAME, ACCT./LOAN #, ADDRESS, CITY, STATE, ZIP

DESCRIPTION OF HOME

Table with columns: YEAR, MAKE / MODEL, SERIAL NUMBER, LENGTH, WIDTH

PHYSICAL CHARACTERISTICS: HOW IS THE HOME USED? (Primary Residence, Seasonal Residence, Rental, Commercial, Tenant), How many miles is home from Fire Dept.?

LOCATION: Is the home located in a park with? (25 or Less Spaces, 26 - 50, 51 - 100), Is home on permanent foundation?, Is land owned by client?, Does home have a composite roof?, Does home have protective siding?, Is the home located inside city limits?, Is home tied down?, Has the home been previously titled?, Is the risk a modular home?

PURCHASE DATE, PURCHASE PRICE (Excluding land, if applicable), Dwelling Limit \$

IMPORTANT: CHART OR PRODUCT PLUS ADD-ON CODES MUST BE ENTERED

Table with columns: Territory, Product Code, Premium From Rate Manual, Codes, Limit of Liability, Premium. Includes TOTAL PREMIUM \$

DIRECT BILL INFORMATION

PAYMENT OPTION - Select One: (One pay, Four pay, Ten pay, E-Z Pay), MasterCard, Visa, Discover, American Express, Card#, Expiration Date, Amount to be Charged, Name on Card, Down Payment, Installment Fee, Amount Enclosed, Co. Use Only \$

**UNDERWRITING QUESTIONS** All questions must be answered. (Explain any YES answers in "Remarks" below.)

- |   | YES                      | NO                       |   |
|---|--------------------------|--------------------------|---|
| 1. Does the home have a supplemental heating device?  | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 2. Was the supplemental heating device installed by someone other than the homes manufacturer or a license contractor? (Disregard if you answered "No" to questions #1) | <input type="checkbox"/> | <input type="checkbox"/> | If yes, please submit with complete Heating Source Questionnaire #U0884, and two photographs. |
| 3. Does the applicant own any large, unusual, or vicious animals? (includes pitbulls, rottweilers, dobermans, chows, wolf hybrids, any exotic animals)                  | <input type="checkbox"/> | <input type="checkbox"/> | Policy MUST be submitted with Animal Liability Exclusion; or written without liability.       |
| 4. Is home located on an island, or within 1000 ft. of a seacoast or river?   | <input type="checkbox"/> | <input type="checkbox"/> | Do not Bind / Do not Submit   |
| 5. Are there any attached or unattached structures on the premises?   | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 6. Is income derived from a commercial, farming or business operation on the premises?  | <input type="checkbox"/> | <input type="checkbox"/> | Do not Bind / Do not Submit   |
| 7. Is the home on poles or pilings?   | <input type="checkbox"/> | <input type="checkbox"/> | Do not Bind / Do not Submit   |
| 8. Is the home located on a site with prior occurrences of brush fires, flooding or landslides?   | <input type="checkbox"/> | <input type="checkbox"/> | Do not Bind / Do not Submit   |
| 9. Has the applicant had ANY losses to ANY property in the last (3) years?  | <input type="checkbox"/> | <input type="checkbox"/> | Do not Bind / Do not Submit   |

**LOSS HISTORY - MUST LIST ALL OF APPLICANT'S LOSSES FOR THE LAST THREE YEARS.**

Date of Loss	Cause	Description (If none, write "None")	Amount of Loss
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**STRUCTURES ATTACHED TO THE HOME**

Description	Construction Type	Size	Age	Actual Cash Value	Replacement Cost

**STRUCTURES ON PREMISES (Including Satellite Antenna) NOT ATTACHED TO THE HOME**

Description	Construction Type	Size	Age	Actual Cash Value	Replacement Cost

**REMARKS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 terminate automatically at the earliest of (1) 30 days from the effective date, (2) immediately on notice of cancellation by the named insured or the Company, or (3) on its effective date if replaced by a policy with an effective date the same date 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

**DISCLOSURE OF INFORMATION CONCERNING MY INSURANCE PURCHASE**

I understand that:

- The Coverages, amounts and the Total Premium listed on the reverse side have been reviewed by me. I agree that they meet my present insurance needs. I understand that I may choose Coverages and amounts in excess of the requirements of my loan.
- The policy I have purchased has the Coverages grouped together for one price. I may obtain a quote for any individual Coverages at any time by contacting American Modern Insurance Group.
- I may purchase insurance from any agent or insurance company to satisfy the insurance requirements of my loan contract. I have elected to purchase my insurance from a Company of the American Modern Insurance Group through the agent signing on the reverse side.
- I am paying the premium for this policy. I have not been offered any free coverage. If I chose to finance the policy premium, my lender will pay it and add the premium cost to my loan. I will repay the premium to the lender, plus interest, over the life of my loan. This will increase my monthly payment throughout the entire life of my loan.
- My insurance needs may change over time. It is my responsibility to review my policy from time to time to make sure that I have the Coverages and amounts of insurance that I want and need. I may contact my agent or American Modern Insurance Group to change the Coverages or amounts. American Modern Insurance Group will process Coverage or amount changes subject to its normal underwriting review. My lender may not let me reduce the dwelling comprehensive limits (Mobile Home Rating Base Limit) to less than the outstanding principal balance of my loan.
- Licensed agents, agencies and/or service providers, possibly including my lender, have received some commissions and benefit from the sale of this policy to me. These commissions are paid out of premium.
- If I no longer want this policy, it may be canceled by notifying my agent or American Modern Insurance Group in writing. The cost of the insurance for the period the policy was in effect will be deducted prior to the unearned premium being refunded or, credited to my loan balance if I finance the premium. If I finance my home and cancel this policy, the loan agreement still requires me to maintain insurance coverage. If I cancel this policy, I must replace it with other insurance acceptable to my lender. If I fail to maintain insurance required by my loan agreement, my lender may buy insurance for me and charge me for the insurance premium.

**ARBITRATION AGREEMENT**

In consideration of the issuance of this policy to me, I agree that any controversy, dispute or claim involving American Modern Insurance Group, its subsidiaries, agents or employees, and arising out of or relating in any manner to the insurance transaction, including, but not limited to, issues relating to the negotiation, offering, issuance, renewal, placement or sale of this policy or contract, the types or amounts of coverages contained in the policy, claims based on or arising from an alleged tort and claims seeking any form of remedy in tort, contract or equity, shall be resolved by arbitration pursuant to the rules of the American Arbitration Association and in accordance with the Federal Arbitration Act at 9 U.S.C. § 1 et seq. Judgment upon the award rendered may be entered in any court having jurisdiction. I and American Modern Insurance Group, its subsidiaries, agents and employees agree and understand that arbitration has been chosen instead of litigation to resolve any disputes between these parties. I understand that I have forfeited the opportunity to go to court to resolve any dispute between me and American Modern Insurance Group, its subsidiaries, agents or employees. I agree that the arbitration of any controversy, dispute or claim must proceed on an individual basis, even if the controversy, dispute or claim has been asserted in a court as a class action or other collective action. American Modern Insurance Group, its subsidiaries, agents and employees and I expressly disclaim any and all rights to seek and/or participate in any class-wide arbitration of any dispute between us. I acknowledge that the offering, negotiation, issuance, renewal, placement and/or sale of the American Modern Insurance Group policy or contract evidences and involves a transaction in interstate commerce. I agree that I AND AMERICAN MODERN INSURANCE GROUP, ITS SUBSIDIARIES, AGENTS AND EMPLOYEES VOLUNTARILY AND KNOWINGLY WAIVE ANY RIGHT TO HAVE A JURY TRIAL EITHER PURSUANT TO ARBITRATION UNDER THIS CLAUSE OR PURSUANT TO A COURT ACTION. ARBITRATION PURSUANT TO THIS CLAUSE WILL TAKE PLACE IN THE CAPITAL CITY OF THE STATE IN WHICH THE INSURED PROPERTY IS LOCATED OR AT SUCH OTHER PLACE AS SHALL BE AGREED UPON AND WHICH IS IN REASONABLE PROXIMITY TO WHERE I RESIDE.


I hereby declare that to the best of my knowledge and belief all information and statements above are true and complete. These facts and statements are offered as an inducement to the Company to issue the Policy. I understand that I am or may be violating state law or committing a crime knowingly to provide false, incomplete or misleading material information to an insurance company for the purpose or intent of defrauding the Company. Penalties may include imprisonment, fines, denial of insurance benefits, and may subject me to civil damages.

Buyer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Buyer's Signature \_\_\_\_\_ Date \_\_\_\_\_

I certify that I have discussed with the Buyer and the Co-Buyer the terms of the insurance transaction, including the issues addressed in the disclosures above.

Insurance Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_

 John Hayden - President  
American Modern Insurance Group, Inc.