



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  
☐ 085 American Modern Select

Policy  
NumberAgency  
NumberPHONE:  
FAX:Subproducer  
Number

PHONE ( )

AGENCY NAME

SUBPRODUCER NAME

ADDRESS

ADDRESS

CITY/STATE/ZIP

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

MARITAL STATUS

SOCIAL SECURITY NUMBER

CO-APPLICANT'S LAST NAME

FIRST

MIDDLE INITIAL

SOCIAL SECURITY NUMBER

DATE OF BIRTH

LOCATION OF HOME

CITY

STATE

ZIP

COUNTY

PARK / COMMUNITY NAME WHERE HOME IS LOCATED

LOT #

PERIOD OF INSURANCE

EFFECTIVE DATE

EXPIRATION DATE

MONTHS

12:01 A.M. STANDARD TIME

**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**

YEAR

MAKE / MODEL

SERIAL NUMBER

LENGTH

WIDTH

**PHYSICAL CHARACTERISTICS****HOW IS THE HOME USED?**

- ☐ Primary Residence (Owner Occupied)  
☐ Seasonal Residence (Owner Occupied)  
☐ Rental  
☐ Commercial  
☐ Tenant

How many miles is home from Fire Dept.? \_\_\_\_\_

**LOCATION**

Is the home located in a park with:

- ☐ 25 or Less Spaces ☐ 101 or More  
☐ 26 - 50 ☐ Not in Park, on Private Property  
☐ 51 - 100 ☐ Unknown

**YES NO**

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**

Territory

Product Code

Premium From Rate Manual

\$

Dwelling

**Codes****Limit of Liability****Premium**

(Incl. Attached Structures)

\_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Personal Property

\_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Adjacent / Other Structures

\_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Personal Liability / Premises Liability

\_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Deductible

\_\_\_\_\_

\$ \_\_\_\_\_

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\$ \_\_\_\_\_

\$ \_\_\_\_\_

**TOTAL  
PREMIUM**

\$ \_\_\_\_\_

**DIRECT BILL INFORMATION****PAYMENT OPTION - Select One:**

- ☐ One pay - Full Premium Required  
☐ Four pay - 25% down  
☐ Ten pay - 16.3% down\*  
☐ E-Z Pay (EFT - Monthly debits from bank account.)  
Attach form #00220-08-G

☐ MasterCard ☐ Visa ☐ Discover ☐ American ExpressCard#:  -  -  - 

Expiration Date: \_\_\_\_\_ Amount to be Charged \$ \_\_\_\_\_

Name on Card: \_\_\_\_\_

**New Business Bill To:** ☐ Applicant ☐ Mortgagee/Lienholder/Loss Payee**At Renewal Bill To:** ☐ Applicant ☐ Mortgagee/Lienholder/Loss Payee

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. Is the applicant unemployed other than disabled or retired?	<input type="checkbox"/>	<input type="checkbox"/> Do Not Bind / Do Not Submit
3. Has the applicant had any similar insurance declined, canceled or non-renewed? (Not applicable in MO or MN).	<input type="checkbox"/>	<input type="checkbox"/> Do Not Bind / Submit for approval
4. Is the dwelling currently uninsured?	<input type="checkbox"/>	<input type="checkbox"/> Do Not Bind / Do Not Submit
5. Is there a swimming pool on the premises that is not enclosed by a fence at least 4 feet tall with a locking gate -or- if above ground, does not have steps/ladder that can be secured or removed when not in use?	<input type="checkbox"/>	<input type="checkbox"/> Policy MUST be submitted without liability
6. 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
7. Is the home located on a site with prior occurrences of brushfires, landslides or flooding?	<input type="checkbox"/>	<input type="checkbox"/> Do Not Bind / Do Not Submit
8. Is the home located on an island, or within a 1000 feet of a river or seacoast?	<input type="checkbox"/>	<input type="checkbox"/> Do Not Bind / Do Not Submit
9. Is the home supported on raised poles or pilings?	<input type="checkbox"/>	<input type="checkbox"/> Do Not Bind / Do Not Submit
10. Is the home under construction, undergoing renovations that require the home to be vacated, or not connected to utility services?	<input type="checkbox"/>	<input type="checkbox"/> Do Not Bind / Do Not Submit
11. 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
12. Is the home vacant?	<input type="checkbox"/>	<input type="checkbox"/> Do Not Bind / Do Not Submit
13. Is the home under foreclosure or are mortgage payments 60 days or more past due?	<input type="checkbox"/>	<input type="checkbox"/> Do Not Bind / Do Not Submit
14. Does the home have more than two lienholder mortgagees?	<input type="checkbox"/>	<input type="checkbox"/> Do Not Bind / Do Not Submit
15. Are there any attached or unattached structures on the premises?	<input type="checkbox"/>	<input type="checkbox"/> List structures below
16. Is there any unrepaired damage or boarded-up windows?	<input type="checkbox"/>	<input type="checkbox"/> Do Not Bind / Do Not Submit
17. Does the dwelling have any unrepaired water damage or any water leaks?	<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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**STRUCTURES ATTACHED TO THE HOME**

Description	Construction Type	Size	Age	Actual Cash Value	Replacement Cost
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Description	Construction Type	Size	Age	Actual Cash Value	Replacement Cost
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If additional insured, provide information in "Remarks" section below.

**REMARKS**

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**STATEMENT OF INSPECTION INQUIRY**

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. 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 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

**SIGNATURES**

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. In connection with this application for insurance, we may review your claims history or loss experience and may report future claims made by you to a claims history provider. 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.

**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.**

Agent's Name (Print or Type) _____	Agent's License Identification No. _____
Agent's Signature _____	Date _____
Applicant's Signature _____	Date _____