

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 filed for bankruptcy in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/> Do not Bind / Do not Submit
4. Has the dwelling gone uninsured for more than 30 days?	<input type="checkbox"/>	<input type="checkbox"/> Do not Bind / Submit for approval
5. Is there an unfenced pool on premises? (unfenced includes fences less than 4 feet in height or with no locking gate)	<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?	<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. Does the home have an individual lienholder mortgagee?	<input type="checkbox"/>	<input type="checkbox"/> Do not bind / do not submit
16. Has the applicant had ANY Fire, Theft, Liability, Water and/or Flood loss in the last three (3) years?	<input type="checkbox"/>	<input type="checkbox"/> Do not bind / Submit for approval
17. Has the applicant had two (2) or more Fire, Theft, Liability, Water and/or Flood losses, in any combination, in the last three (3) years?	<input type="checkbox"/>	<input type="checkbox"/> Do not bind / submit for approval
18. Has the applicant had three (3) or more property losses in the last 3 years?	<input type="checkbox"/>	<input type="checkbox"/> Do not bind / do not submit
19. Are there any attached or unattached structures on the premises?	<input type="checkbox"/>	<input type="checkbox"/> Do not bind / do not submit
20. Was the supplemental heating device installed by someone other than the home manufacturer or a licensed contractor? (disregard if you answered 'No' to question #1)	<input type="checkbox"/>	<input type="checkbox"/> List structures below
	<input type="checkbox"/>	<input type="checkbox"/> If yes, please submit with complete Heating Source Questionnaire #U0884 and two photographs

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"/>
<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"/>
<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

PHOTOS REQUIRED ON ALL RISKS**STATEMENT OF INSPECTION INQUIRY**

As a part of our underwriting procedures, a routine inquiry may include obtaining an investigative consumer and credit report involving 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 obtained, will be provided upon written request.

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. By signing this application, I acknowledge that American Modern Insurance Group will rely upon the information provided in this application (which is incorporated into and attached to the policy) in the instance of issuing the policy and I am warranting the information to be true and correct. I understand that any misrepresentation contained in this application may result in the policy and its coverage being voided from policy inception.

Agent's Name (Print or Type) <input type="text"/>	Agent's License Identification No. <input type="text"/>
Agent's Signature <input type="text"/>	Date <input type="text"/>
Applicant's Signature <input type="text"/>	Date <input type="text"/>

QUESTIONS AND ANSWERS ABOUT FLOOD INSURANCE

Q: *Why do I need a Flood Policy, I have a Homeowners Policy?*

A: Typically, Homeowners policies DO NOT include coverage for loss due to flood, mudslide, or wave wash. This applies to damage both to the building and to it's contents.

Q: *If I have a loss due to a flood, mudslide, or wave wash won't disaster assistance from the Federal Government take care of me?*

A: First, a national disaster must be declared by the Federal Government to receive any assistance. Second, assistance will come in the form of grants and loans that in many cases must be repaid with interest.

Q: *We haven't had a flood in this area ever that I can remember, do I really have a risk?*

A: While areas around and near the coast, lakes and rivers have the highest exposure to flood, many areas remote to water sources have exposure to flooding. Thirty three percent of all floods occur in lower risk zones. During a 30 year mortgage, the average home has a 26% chance of loss due to flood compared to a 4% chance of loss due to fire.

FLOOD INSURANCE WAIVER

Property Owner's Name: _____

Property Address: _____

I, _____, hereby certify that my agent has offered me the opportunity to purchase flood insurance coverage in the National Flood Insurance Program, and that I have elected to decline this coverage, as indicated below.

_____ I reject Building and Contents coverage for flood protection.

_____ I reject Contents coverage for flood protection.

_____ I reject Building coverage for flood protection.

_____ I reject the Replacement Cost Value, or maximum Building coverage amount available through the National Flood Insurance Program.

I understand that my homeowners / business owners policy does not provide coverage for flooding. I also understand that, because I have declined flood insurance protection, I will not be covered in the event that there is a loss to my property caused by flood.

I understand that my agent and/or agency will not be held liable for my decision to not purchase flood insurance.

Property Owner's or Representative's Signature

Agent or Customer Service Representative's Signature

Date

Date