

Building #

Location Address:

Families:

City/State/Zip:

Rental/Vacant

Construction Type:

Year Built:

Total Area:

Valuation (RC/ACV)

Building Limit:

Other Structures Limit:

Contents Limit:

Monthly Rents Coverage Amount:

Monthly Rents Settlement Options

Coinsurance

%

or

1/3 monthly limit

1/4 monthly limit

1/6 monthly limit

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Year building updates were completed: Roofing: Wiring: Heating: Plumbing: Other:			
Mortgagee:			
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If you have a significant number of Dwellings and wish to submit this information please do so by requesting the "10+ Dwelling Spreadsheet". Please contact your underwriter for more information on this. **You must also submit pages 1, 5, 6, and form FRWR-APP-COMM (03/09) (fraud statements).**

Enter all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior 3 years.

Date of Loss	Cause of Loss	Description of Loss	Amount of Loss	Claims Status Open/Closed
				<input type="checkbox"/> Open <input type="checkbox"/> Closed
				<input type="checkbox"/> Open <input type="checkbox"/> Closed
				<input type="checkbox"/> Open <input type="checkbox"/> Closed
				<input type="checkbox"/> Open <input type="checkbox"/> Closed
				<input type="checkbox"/> Open <input type="checkbox"/> Closed

Name of Prior/Current Carrier:

Current Annual Premium: \$

• E E A D E R Y • A

	Yes	No
1. Are any dwellings an earth home, dome home, open pier, stilt home, row home, townhouse, condominium, or any other non-conventional design?		
2. Is the dwelling a manufactured home, or a modified manufactured home?		
3. Are any dwellings occupied as a fraternity, sorority, student housing, or other similar occupancy?		
4. Do any dwellings have un-repaired damage or boarded-up windows?		
5. Do any dwellings have any un-repaired water damage or any water leaks?		
6. Are any of the dwellings condemned?		
7. Are there any outstanding municipal or fire code violations?		
8. Has the applicant had similar insurance declined, canceled, or non-renewed? If yes, why?		
9. How many days have any of the dwellings gone uninsured prior to the requested effective date? number of days.		
10. Has the applicant had a past conviction for arson, fraud, or other insurance-related offenses?		
11. Has the applicant filed for bankruptcy in the past 5 years?		
12. Are any dwellings in foreclosure or currently 60 days or more past due on mortgage payments?		
13. Is the applicant unemployed, other than retired or disabled?		
14. Are the primary heat sources thermostatically controlled? If yes, what type?		
15. Does the dwelling have smoke detectors?		
16. Is there a supplemental heating source used?		
17. Are kerosene or portable space heaters used?		
18. Do the dwellings currently have utilities such as natural gas, electric, or water?		
19. Is there an underground fuel storage or underground fuel tank on any premises?		
20. Do any dwellings have knob and tube wiring?		
21. Are any dwellings under construction or undergoing major renovation?		
22. Are any dwellings Vacant?		
23. Are any dwellings attached to other, or converted from a commercial building?		
24. Are any dwellings located in a landslide, forest fire, or brush fire area?		
25. Are any dwellings in an area that is isolated, not accessible by road?		
26. Has the applicant had any other policies with American Modern?		

If requesting Liability coverage, please answer the following questions for EACH Dwelling.

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	Yes	No
1. Do any of the following exposures exist on rental premises?		
a. Swimming Pools		
b. Spas, Hot Tubs or Jacuzzi		
c. Trampolines		
d. Day Care Operations		
e. Dog breeds such as Dobermans, pit bulls, rottweiler, chows or wolf hybrids		
f. Exotic pets or animals		
g. Lead Paint		
2. Have any animal bite incidents occurred on any rental premises in the past 5 years?		
3. Are any buildings undergoing renovations or reconstruction?		
a. Cosmetic		
b. Structural		
If yes please explain and provide estimated completion date		
4. Do you use independent Contractors?		
a. If yes, do you obtain a certificate of insurance?		
5. Are there working smoke detectors on the premises?		
a. Hard Wired		
b. Battery Operated		
6. Is there a procedure in place to replace smoke detector batteries?		
Vacant Dwellings		
In addition to the above, please respond to the following for vacant dwellings		
1. What is the anticipated length of vacancy?		
2. What is intent with vacant dwellings? Sale Rent Other, explain		
3. What is the maximum amount of time any one dwelling has been vacant?		
4. How often are physical checks made of unit?		
4. a. By whom?		
5. Is heat maintained?		

Applicant's Signature:

Producer Signature:

D E C B (p w)