

AMERICAN MODERN INSURANCE GROUP CALIFORNIA HO-3 APPLICATION	Check Company Applicable: <input checked="" type="checkbox"/> 077 American Modern Insurance	Policy Number <input style="width: 100%;" type="text"/> Use only at Direction of Company
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Agency Number <input style="width: 100%;" type="text"/> PHONE: () () () () () FAX: () () () () ()	Subproducer Number <input style="width: 100%;" type="text"/> PHONE: () () () () () FAX: () () () () ()
AGENCY NAME	SUBPRODUCER NAME
ADDRESS	ADDRESS
CITY/STATE/ZIP	CITY/STATE/ZIP

BASIC INFORMATION / CLIENT INFORMATION

FIRST NAME	MIDDLE INITIAL	LAST NAME	SS #:	DOB:
			EMPLOYER:	
			OCCUPATION:	
SECONDARY APPLICANT'S FIRST NAME			SS #:	DOB:
			OCCUPATION:	
LOCATION ADDRESS			CITY	STATE
			ZIP	COUNTY
MAILING ADDRESS (If different than location)			CITY	STATE
			ZIP	COUNTY

Effective Date	Policy Term in Months	Dwelling Limit	Purchase Date	Purchase Price \$	Year Built	Feet to Fire Hydrant	Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	*Protection Class
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ELIGIBILITY INFORMATION / VALUATION

Occupancy <input checked="" type="checkbox"/> Owner <input type="checkbox"/> # Families <input type="checkbox"/> One <input type="checkbox"/> Two	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	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	Roof Slope <input type="checkbox"/> Flat <input type="checkbox"/> Pitched	Electric Type <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	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	Square Footage of Home							
Type of Foundation <input type="checkbox"/> Open <input type="checkbox"/> Slab <input type="checkbox"/> Crawl Space <input type="checkbox"/> Partial Basement <input type="checkbox"/> Full Basement		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 <input type="checkbox"/> Attached <input type="checkbox"/> Built-In <input type="checkbox"/> Attached Carport		Size of Garage <input type="checkbox"/> 1 Car <input type="checkbox"/> 2 Car <input type="checkbox"/> 3 Car <input type="checkbox"/> 4 Car		Porches / Decks Type <input type="checkbox"/> Open <input type="checkbox"/> Enclosed <input type="checkbox"/> Screened <input type="checkbox"/> Balcony / Deck	

COVERAGES, LIMITS & PREMIUMS

A. Dwelling	B. Other Strc. 10% Incl.	C. Personal Property 50% Incl.	D. Loss of Use 20% Incl.
E. Pers. Liab. \$100,000 Incl.	F. Med Pay \$1,000 Incl.	Deductible	Rating Territory
Dwelling Base Premium		Limit of Liability	Premium
Personal Property		\$ _____	\$ _____
Other Structures		\$ _____	\$ _____
Loss of Use		\$ _____	\$ _____
Personal Liability		\$ _____	\$ _____
Medical Payments		\$ _____	\$ _____
Personal Property Repl. Cost		\$ _____	\$ _____
Deductible Change		\$ _____	\$ _____
Other:		\$ _____	\$ _____
Credits/Surcharges			
Age of Home		<input type="checkbox"/>	
*Central Station Alarm (Fire or Burglar)		-5%	<input type="checkbox"/>
*Local Smoke and/or Burglar Alarm		-2%	<input type="checkbox"/>
*Dead Bolts, Smoke Alarm and Fire Extinguisher		-2%	<input type="checkbox"/>
Claims Surcharge/Discount (# of Claims _____)			<input type="checkbox"/>
Bankruptcy		+25%	<input type="checkbox"/>
Inspection Fee		\$ _____	\$ _____
TOTAL POLICY PREMIUM			\$ <input style="width: 100%;" type="text"/>

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? _____

Is there any unrepaired damage or boarded-up windows?
 Yes No

***TWO PHOTOS, CLEARLY SHOWING THE FRONT AND BACK OF THE HOME, IN PROTECTION CLASS 8-10 ARE REQUIRED.**

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: 100%;" type="text"/> Expiration Date: _____ Amount to be Charged \$ _____ Name on Card: _____ 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	Down Payment \$ _____ Installment Fee \$ _____ Amount Enclosed \$ _____ Co. Use Only \$ _____
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UNDERWRITING INFORMATION

	YES	NO		YES	NO
1. Has applicant filed for bankruptcy in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	12. Is the primary heat source thermostatically controlled?	<input type="checkbox"/>	<input type="checkbox"/>
2a. Does the applicant own any animal with bite history or vicious propensities?	<input type="checkbox"/>	<input type="checkbox"/>	12a. <i>If yes, what type?</i>		
2b. Does the applicant own any Dobermans, Chows, Rottweilers, Pit Bulls, Akitas, wolves or wolf hybrids or any mix of these breeds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil-Forced Air <input type="checkbox"/> Heat Pump		
2c. Does the applicant own any other wild or exotic animals, farm animals or horses? If yes, please explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Radiant Ceiling <input type="checkbox"/> Radiant Floor		
3. Is there a swimming pool on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Electric Wall Heaters <input type="checkbox"/> Other _____		
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"/>	13. Does the dwelling have smoke detectors?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there any farming conducted on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	14. Is there a supplemental heating source used?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there any business conducted on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	15. Are kerosene or portable space heaters used?	<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"/>	16. Does the dwelling have any unrepaired water damage or any water leaks?	<input type="checkbox"/>	<input type="checkbox"/>
6. How many days has the dwelling gone uninsured immediately prior to the requested effective date? _____			17. Is the dwelling an earth home, dome home, open pier, stilt home, row home, townhouse, condominium, or any other non-conventional design?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the dwelling condemned?	<input type="checkbox"/>	<input type="checkbox"/>	18. Is the dwelling a manufactured home, or a modified manufactured home?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the applicant had similar insurance declined, canceled, or non-renewed?	<input type="checkbox"/>	<input type="checkbox"/>	19. 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>			20. 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			21. 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			22. 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			23. 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			24. Is the dwelling located within 1,000 feet of rising water or in an area that is prone to flooding?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____			25. Is the dwelling in an area that is isolated, not accessible by road?	<input type="checkbox"/>	<input type="checkbox"/>
9. Name of prior carrier? _____ Exp. Date _____			26. Is there an underground fuel storage or underground fuel tank on the premises?	<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"/>	27. Does the applicant retain a residence employee who works over 20 hours per week inside the dwelling or 10 hours per week outside the dwelling?	<input type="checkbox"/>	<input type="checkbox"/>
11. Is the dwelling held in the name of a corporation?	<input type="checkbox"/>	<input type="checkbox"/>	28. Has the applicant had any other policies with American Modern?	<input type="checkbox"/>	<input type="checkbox"/>

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

***TWO PHOTOS, CLEARLY SHOWING THE FRONT AND BACK OF THE HOME, IN PROTECTION CLASS 8-10 ARE REQUIRED.**

BINDER PROVISIONS

Eligible submissions accompanied by fully completed applications and all required supplemental forms will be bound on requested effective date if postmarked within 72 hours of the requested effective date.

EARTHQUAKE WAIVER

My insurance agent has fully explained the following to me: I understand that my insurance policy will not provide coverage against the peril of Earthquake. In accordance with California law, Earthquake coverage was offered to me at an additional cost on the following terms with coverage equal to the amount of coverage on the dwelling; 10%, \$1,000 minimum deductible, Coverage A \$12.50/\$1,000 or Coverage B \$5.50/\$1,000 and Coverage C \$9.50/\$1,000 for a 12 month policy term. If the loss from an Earthquake is lower than the deductible, the loss may not receive payment.

I REJECT THE OFFER FOR EARTHQUAKE COVERAGE:

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. You are 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 you to civil damages.

Applicant's Signature **X** _____ Date _____

Agent's Name (Please Print) _____

Agent's Signature _____ License No. _____ Date _____