

Scheduled Dwelling Application

AGENCY INFORMATION

AGENCY CODE #	SUBPRODUCER CODE #:
AGENCY NAME	SUBPRODUCER NAME
AGENCY EMAIL	SUBPRODUCER EMAIL
AGENCY FAX: ()	PHONE : ()

APPLICANT INFORMATION

INSURED NAME	REQUESTED EFFECTIVE DATE	EXPIRATION DATE
MAILING ADDRESS (STREET)		ZIP
CITY		STATE

Entity: Corporation Partnership Individual Other, Explain: _____

COVERAGES

PROPERTY	LIABILITY
Coverage Form: Basic Broad Special	General Aggregate: \$
Coinsurance: 80% 90% 100%	Products and Completed Operations: \$
Wind/Hail Deductible (1% included): 2% 5%	Personal and Advertising Injury: \$
Identity Recovery Yes No Equipment Breakdown Yes No Service Line Yes No	Each Occurrence: \$
All Other Peril Deductible: \$500 \$1,000 \$2,500 \$5,000 \$10,000 \$25,000	Damage to Rented Premises:\$50,000
	Medical Expense: \$5,000

PREMISES INFORMATION

Building #	Location Address:					
# Families:	City/State/Zip:				Rental	Vacant
Construction Type:	Year Built:	Date Purchased:	Purchase Price:	Total Area:	# of Stories:	Roof Type:
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					
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).**

LOSS HISTORY

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.

Any losses in the past 3 years? Yes No

Date of Loss	Cause of Loss	Description of Loss	Amount of Loss	Claims Status Open/Closed
				Open Closed
				Open Closed
				Open Closed
				Open Closed
				Open Closed

Name of Prior/Current Carrier:

Current Annual Premium: \$

GENERAL UNDERWRITING INFORMATION

	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? (except Missouri) 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.

LIABILITY & VACANT UNDERWRITING INFORMATION

	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. Has "Chinese Drywall" been used in the construction or repair of any building?		
5. Do you use independent Contractors?		
If yes, do you obtain a certificate of insurance?		
6. Are there working smoke detectors on the premises?		
a. Hard Wired		
b. Battery Operated		
7. Do you have working Carbon Monoxide detectors?		
a. Hard Wired		
b. Battery Operated		
8. Is there a procedure in place to replace smoke detector batteries?		
9. Do any buildings have knob and tube wiring?		
10. Do any buildings have aluminum wiring?		
11. Do you abide by all state tenant/landlord laws?		

Vacant Dwellings

In addition to the above, please respond to the following for vacant dwellings

- What is the anticipated length of vacancy?
- What is intent with vacant dwellings? Sale Rent Other, explain
- What is the maximum amount of time any one dwelling has been vacant?
- How often are physical checks made of unit?
 - By whom?
- Is heat maintained? Yes No

Vacant Land

Please respond to the following for Vacant Land

1. Any Real Estate Development activities?		
2. Any water exposure?		
3. Any Activities taking place, such as hunting, dirt bike/ATV riding, etc.?		
a. If yes, to 1, 2 or 3, please explain: _____		

Lessor's Risk Exposures

Please respond to the following for Lessor's Risk Exposures.

1. Does the tenant maintain liability coverage? If yes, Liability Limit \$		
2. Do you obtain a certificate of insurance from tenant?		
3. Is there any Commercial cooking exposures?		
a. If yes, please explain: _____		

DIRECT BILL (Initial payment must be received with binding request)

PAYMENT OPTION - Select One:

One pay - Full Premium Required*

Four pay - 25% down

E-Z Pay - 2 Months Down Payment Required *(EFT - Monthly debits from bank account.)

Attach form #00220-09-G

At Renewal Bill To: Applicant _____

Applicant's Signature: _____

Producer Signature: _____

FRAUD WARNING NOTICES

(This document forms a part of the application for insurance.)

- AR** – “Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”
- CO** – “It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.”
- FL** – “Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.”
- KY** – “Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.”
- LA** – “Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”
- ME** – “It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.”
- MD** – “Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”
- NJ** – “Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.”
- NM** – “Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.”
- NY – General** - “Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.”
- NY – Automobile Insurance** – “Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.”
- OH** – “Any person, who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.”
- OK** – “WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false incomplete or misleading information is guilty of a felony.”
- PA**- “Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.”
- RI** – “Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”
- TN** – “It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.”
- VA** – “It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.”
- WA** – “It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.”
- WV** – “Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”