



AMERICAN MODERN INSURANCE GROUP

CALIFORNIA HO-3 APPLICATION

Check Company Applicable:

077 American Modern Insurance

Policy Number

Use only at Direction of Company

Agency Number

PHONE: ()
FAX: ()

Subproducer Number

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:

MARITAL STATUS:

SECONDARY APPLICANT'S FIRST NAME MIDDLE INITIAL LAST NAME

OCCUPATION:

SS #:

LOCATION ADDRESS CITY STATE ZIP COUNTY

DOB:

OCCUPATION:

MAILING ADDRESS (If different than location) CITY STATE ZIP COUNTY

APPLICANT'S HOME PHONE: ()

WORK PHONE: ()

Effective Date	Dwelling Limit	Purchase Date	Purchase Price	Year Built	Ft to Fire Hydrant	Inside City Limits?
			\$			<input type="checkbox"/> Yes <input type="checkbox"/> No

Protection Class: Two Photos, Clearly showing the front and back of the home, in protection class 8-10 are required.

ELIGIBILITY INFORMATION / VALUATION

Occupancy <input checked="" type="checkbox"/> Owner # Families <input type="checkbox"/> One <input type="checkbox"/> Two	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 <input type="checkbox"/> Bi-level <input type="checkbox"/> Tri-level	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	Square Footage of Home	Date Replaced: _____	Roof Type <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 _____
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	If there is a Full or Partial Basement, is it: <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished <input type="checkbox"/> Partially Finished <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75%	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
							Square Feet _____

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

	Limit of Liability	Premium
Dwelling Base Premium	\$ _____	\$ _____
Personal Property	\$ _____	\$ _____
Other Structures	\$ _____	\$ _____
Loss of Use	\$ _____	\$ _____
Personal Liability	\$ _____	\$ _____
Medical Payments	\$ _____	\$ _____
Personal Property Replacement Cost	\$ _____	\$ _____
Deductible Change		\$ _____
Other:	\$ _____	\$ _____
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		\$ _____

DOES THE APPLICANT:

	YES	NO
Own any animal with bite history or vicious propensities?	<input type="checkbox"/>	<input type="checkbox"/>
Own any Dobermans, Chows, Rottweilers, Pit Bulls, Akitas, wolves or wolf hybrids or any mix of these breeds?	<input type="checkbox"/>	<input type="checkbox"/>
Own any ostriches, emus, horses or other livestock?	<input type="checkbox"/>	<input type="checkbox"/>
Own any other wild or exotic animals or pets? If yes, please explain. _____	<input type="checkbox"/>	<input type="checkbox"/>

If any above questions are answered "yes", Animal Liability Exclusion is required.

DOES THE APPLICANT:

	YES	NO
Have a swimming pool on the premises? 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"/>
Conduct any farming on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
Conduct any business on the premises? If yes, does the applicant have any employees associated with the business operation?	<input type="checkbox"/>	<input type="checkbox"/>

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

Four or more losses are ineligible.

Are there any unresolved/open or any unrepaired damage claims?

Yes No

UNDERWRITING INFORMATION

		YES	NO		YES	NO	
1.	Has applicant filed for bankruptcy in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	11.	Is the plumbing in good repair with no leaks?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Has the dwelling gone uninsured for more than 30 days immediately prior to the requested effective date?	<input type="checkbox"/>	<input type="checkbox"/>	12.	Is the dwelling an earth home, dome home, stilt home, row home, townhouse or condominium?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is the dwelling condemned?	<input type="checkbox"/>	<input type="checkbox"/>	13.	Is the dwelling of non-conventional design?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Has the applicant had similar insurance declined, canceled, or non-renewed?	<input type="checkbox"/>	<input type="checkbox"/>	14.	Is the dwelling a manufactured home, or a modified manufactured home?	<input type="checkbox"/>	<input type="checkbox"/>
4a.	<i>If yes, why?</i> <input type="checkbox"/> Excess losses <input type="checkbox"/> Large losses <input type="checkbox"/> Failure to pay premium <input type="checkbox"/> Physical Hazards <input type="checkbox"/> Carrier no longer writes in the state <input type="checkbox"/> Carrier no longer writes this type of business <input type="checkbox"/> Applicant no longer belongs to association or group <input type="checkbox"/> Other _____			15.	Does the dwelling currently have utilities such as natural gas, electric, or water?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Name of prior carrier? _____ Exp. Date _____			16.	Is the dwelling under construction or undergoing major renovation?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Has the applicant had a past conviction for arson, fraud, or other insurance-related offenses?	<input type="checkbox"/>	<input type="checkbox"/>	17.	Is the dwelling attached to, occupied as, or converted from a commercial risk?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Is the dwelling held in the name of a corporation?	<input type="checkbox"/>	<input type="checkbox"/>	18.	Is the dwelling in foreclosure or currently 60 days or more past due on mortgage payments?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Is the primary heat source thermostatically controlled?	<input type="checkbox"/>	<input type="checkbox"/>	19.	Is the dwelling located in a landslide, forest fire, or brush fire area?	<input type="checkbox"/>	<input type="checkbox"/>
8a.	<i>If yes, what type?</i> <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil-Forced Air <input type="checkbox"/> Heat Pump <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Radiant Ceiling <input type="checkbox"/> Radiant Floor <input type="checkbox"/> Electric Wall Heaters <input type="checkbox"/> Other _____			20.	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"/>
9.	Does the dwelling have smoke detectors?	<input type="checkbox"/>	<input type="checkbox"/>	21.	Is the dwelling in an area that is isolated, not accessible by road?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Is there a supplemental heating source in the dwelling?	<input type="checkbox"/>	<input type="checkbox"/>	22.	Is there an underground fuel storage or underground fuel tank on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
10a.	If yes, was it installed by the manufacturer or a licensed contractor? If no, Supplemental Heat Source Questionnaire required.	<input type="checkbox"/>	<input type="checkbox"/>	23.	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?		
10b.	Are kerosene or portable space heaters used in the dwelling?	<input type="checkbox"/>	<input type="checkbox"/>	24.	Has the applicant had any other policies with American Modern?	<input type="checkbox"/>	<input type="checkbox"/>

LOSS PAYEE INFORMATION

<input type="checkbox"/> Lienholder / Mortgagee	<input type="checkbox"/> Additional Insured
Name _____	Loan Number _____
Address _____ City _____	State _____ Zip _____
Is Lienholder other than a financial institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Lienholder / Mortgagee	<input type="checkbox"/> Additional Insured
Name _____	Loan Number _____
Address _____ City _____	State _____ Zip _____
Is Lienholder other than a financial institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	

DIRECT BILLING INFORMATION

REMARKS

Payment Option - Select one:	
<input type="checkbox"/> One Pay - Full Premium Required	<input type="checkbox"/> EFT *(Monthly debits from bank account.) Attach form #00220-08-G *
<input type="checkbox"/> Four Pay - 25% Down*	
New Business . . . Bill To:	At Renewal . . . Bill To:
<input type="checkbox"/> Applicant <input type="checkbox"/> Mortgagee #1	<input type="checkbox"/> Applicant <input type="checkbox"/> Mortgagee #1
<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express	
Card#: <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"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Expiration Date: _____	Amount to be Charged \$ _____
Name on Card: _____	
Down Payment	\$ _____
Installment Fee	\$ _____
Amount Enclosed	\$ _____
Company Use Only	\$ _____

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 <input checked="" type="checkbox"/>	Date _____
Agent's Name (Please Print) _____	
Agent's Signature _____	License No. _____ Date _____