



AMERICAN MODERN INSURANCE GROUP

CALIFORNIA DP-1 APPLICATION

Check Company Applicable:

077 American Modern Home

Policy Number

Use only at Direction of Company

Applicable Program: EZChoiceD1 (DP-1) EZChoice Vacant Vacant Manufactured Home

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:
EMPLOYER:
OCCUPATION:

SECONDARY APPLICANT'S FIRST NAME MIDDLE INITIAL LAST NAME

SS #: DOB:
OCCUPATION:

APPLICANT'S HOME PHONE: () WORK PHONE: ()

PRIMARY INSURED'S
MARITAL STATUS:

LOCATION ADDRESS CITY STATE ZIP COUNTY

EFFECTIVE DATE:

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

POLICY TERM IN MONTHS:

Dwelling Limit / Market Value Purchase Date Purchase Price Year Built Feet to Fire Hydrant Inside City Limits? Protection Class

ELIGIBILITY INFORMATION

Occupancy
 Owner
 Rental
 Seasonal
 Vacant
 Dwelling
 Mobile Home

IF RENTAL:
How many of the applicant's rental dwellings are insured with AMIG? 1-4 5-9 10 or more
Is the dwelling occupied as a fraternity, sorority, student housing, or other similar occupancy? Yes No
(If yes, dwelling is ineligible.)

IF VACANT: Date the dwelling became vacant? _____
Reason for Vacancy: Pending Sale Between Tenancy
 Under Renovation Job Transfer Estate Other
If VACANT MANUFACTURED HOME, Please List:
Length/Width Make Model Serial #

Families Construction Type Roof Type Date Replaced: Roof Slope Electric Type Style of Home Square Footage of Home

LOSS INFORMATION

COVERAGES, LIMITS & PREMIUMS

Has the applicant had any losses in the last three years?
 Yes No

If yes, please provide Prior Loss History.

Date	Cause	Description	Amount

Coverages	Limit of Liability	Premium
Dwelling Base Premium	\$ _____	\$ _____
Personal Property	\$ _____	\$ _____
Increased Adjacent Structures	\$ _____	\$ _____
Personal Liability	\$ _____	\$ _____
Premises Liability	\$ _____	\$ _____
Increased Medical Payments	\$ _____	\$ _____
*Deductible Change - Dollar Amount	\$ _____ +/-	\$ _____
Additional Living Expense	\$ _____	\$ _____
Vandalism & Malicious Mischief (Must be same as Coverage A Limit)	\$ _____	\$ _____
Inspection Fee (If Applicable)	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Credits / Surcharges		
*Deductible Change-Percentage Amount	\$ _____ +/-	% _____
*Other _____	\$ _____ +/-	% _____

How many dwellings are owned by the insured? _____

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

*Apply Credit to Coverages A, B and/or C, refer to Rate Manual for rating method.

TOTAL POLICY PREMIUM \$

DIRECT BILL INFORMATION

PAYMENT OPTION - Select One:
 One pay - Full Premium Required
 Four pay - 25% down*
 Ten pay - 16.3% down*
 E-Z Pay *(EFT - Monthly debits from bank account.) Attach form #00220-08-G*(N/A Vacant)

MasterCard Visa Discover American Express

Card#: - - -

Expiration Date: _____ Amount to be Charged \$ _____

Name on Card: _____

New Business Bill To: Applicant Mortgagee #1
At Renewal Bill To: Applicant Mortgagee #1

Down Payment \$ _____
Installment Fee \$ _____
Amount Enclosed \$ _____

Co. Use Only \$ _____

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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Radiant Ceiling <input type="checkbox"/> Radiant Floor		
If yes, please explain: _____			<input type="checkbox"/> Electric Wall Heaters <input type="checkbox"/> Other _____		
3. Is there a swimming pool on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	13. Does the dwelling have smoke detectors?	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	14. Is there a supplemental heating source used?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there any farming conducted on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	15. Are kerosene or portable space heaters used?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there any business conducted on the premises?	<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"/>
5a. If yes, does the applicant have any employees associated with the business operation?	<input type="checkbox"/>	<input type="checkbox"/>	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"/>
6. How many days has the dwelling gone uninsured immediately prior to the requested effective date? _____			18. Is the dwelling a manufactured home, or a modified manufactured home?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the dwelling condemned?	<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"/>
8. Has the applicant had similar insurance declined, canceled, or non-renewed?	<input type="checkbox"/>	<input type="checkbox"/>	20. Is the dwelling under construction or undergoing major renovation?	<input type="checkbox"/>	<input type="checkbox"/>
8a. <i>If yes, why?</i>			21. Is the dwelling attached to, occupied as, or converted from a commercial risk?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Excess losses <input type="checkbox"/> Large losses <input type="checkbox"/> Failure to pay premium			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"/> Physical Hazards <input type="checkbox"/> Carrier no longer writes in the state			23. Is the dwelling located in a landslide, forest fire, or brush fire area?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Carrier no longer writes this type of business			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"/> Applicant no longer belongs to association or group			25. Is the dwelling in an area that is isolated, not accessible by road?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____			26. Is there an underground fuel storage or underground fuel tank on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
9. Name of prior carrier? _____ Exp. Date _____			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"/>
10. Has the applicant had a past conviction for arson, fraud, or other insurance-related offenses?	<input type="checkbox"/>	<input type="checkbox"/>	28. Has the applicant had any other policies with American Modern?	<input type="checkbox"/>	<input type="checkbox"/>
11. Is the dwelling held in the name of a corporation?	<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

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.

IREJECT THE OFFER FOR EARTHQUAKE COVERAGE: X _____

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.

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 expire 10 days from the effective date or it shall terminate: (1) immediately on notice of cancellation by the named insured or the company, or (2) on its effective date if replaced by a policy with an effective date the same day 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

Applicant's Signature _____ Date _____

Agent's Name (Please Print) _____

Agent's Signature _____ License No. _____ Date _____