

 AMERICAN MODERN INSURANCE COMPANY CALIFORNIA DWELLING APPLICATION	Check Program Applicable: <input type="checkbox"/> EZChoiceD1 (DP-1) <input type="checkbox"/> EZChoiceVacant <input type="checkbox"/> Vacant Manufactured Home <input type="checkbox"/> EZChoiceD3 (DP-3)	Policy Number <input style="width:100%;" type="text"/> <i>Use only at Direction of Company</i>
--	--	---

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 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	Purchase Date	Purchase Price
	/	\$
Year Built	Feet to Fire Hydrant	Inside City Limits?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		Protection Class

ELIGIBILITY INFORMATION

Occupancy <input type="checkbox"/> Owner <input type="checkbox"/> Rental <input type="checkbox"/> Seasonal <input type="checkbox"/> Vacant <input type="checkbox"/> Dwelling <input type="checkbox"/> Mobile Home	# Families <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four	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	Date Replaced: <input type="checkbox"/> Composition Shingle <input type="checkbox"/> Wood or Shake Shingle <input type="checkbox"/> Aluminum <input type="checkbox"/> Fiber Cement / Concrete Roof Slope <input type="checkbox"/> Flat <input type="checkbox"/> Pitched	Roof Type <input type="checkbox"/> Slate <input type="checkbox"/> Roll Roofing <input type="checkbox"/> Steel <input type="checkbox"/> Tar & Gravel <input type="checkbox"/> Tin <input type="checkbox"/> Tile <input type="checkbox"/> Other	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	Sq. Ft. of Home
IF RENTAL: How many of the applicant's rental dwellings are insured with AMIG? <input type="checkbox"/> 1-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10 or more Is the dwelling occupied as a fraternity, sorority, student housing, or other similar occupancy? <input type="checkbox"/> Yes <input type="checkbox"/> No							

IF VACANT: Date the dwelling became vacant? _____ Reason for Vacancy: <input type="checkbox"/> Pending Sale <input type="checkbox"/> Between Tenancy <input type="checkbox"/> Under Renovation <input type="checkbox"/> Job Transfer <input type="checkbox"/> Estate <input type="checkbox"/> Other	IF VACANT MANUFACTURED HOME, Please List: Length/Width Make Model Serial #
--	---

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 Square Feet <input type="checkbox"/> Open <input type="checkbox"/> Enclosed <input type="checkbox"/> Screened Patio <input type="checkbox"/> Balcony / Deck
---	---	---	---	---	---	--	--

LOSS INFORMATION COVERAGES, LIMITS & PREMIUMS

Has the applicant had any losses in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide Prior Loss History.	<table style="width:100%;"> <tr> <th style="width:60%;">Coverages</th> <th style="width:20%;">Limit of Liability</th> <th style="width:20%;">Premium</th> </tr> <tr> <td>Dwelling Base Premium</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Personal Property</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>Increased Adjacent Structures</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Personal Liability</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Premises Liability</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Increased Medical Payments</td> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>Additional Living Expense</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Other _____</td> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>Other _____</td> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>Credits / Surcharges</td> <td></td> <td></td> </tr> <tr> <td>*Deductible Change-Percentage Amount</td> <td>\$ _____</td> <td>+/- _____%</td> </tr> <tr> <td>*Other _____</td> <td>_____</td> <td>+/- _____%</td> </tr> <tr> <td>*Other _____</td> <td>_____</td> <td>+/- _____%</td> </tr> <tr> <td colspan="3">*Apply Credit to Coverages A, B and/or C, refer to Rate Manual for rating method.</td> </tr> <tr> <td style="text-align: right;">TOTAL POLICY PREMIUM</td> <td colspan="2">\$ _____</td> </tr> </table>	Coverages	Limit of Liability	Premium	Dwelling Base Premium	\$ _____	\$ _____	Personal Property	\$ _____	_____	Increased Adjacent Structures	\$ _____	\$ _____	Personal Liability	\$ _____	\$ _____	Premises Liability	\$ _____	\$ _____	Increased Medical Payments	_____	\$ _____	Additional Living Expense	\$ _____	\$ _____	Other _____	_____	\$ _____	Other _____	_____	\$ _____	Credits / Surcharges			*Deductible Change-Percentage Amount	\$ _____	+/- _____%	*Other _____	_____	+/- _____%	*Other _____	_____	+/- _____%	*Apply Credit to Coverages A, B and/or C, refer to Rate Manual for rating method.			TOTAL POLICY PREMIUM	\$ _____	
Coverages	Limit of Liability	Premium																																															
Dwelling Base Premium	\$ _____	\$ _____																																															
Personal Property	\$ _____	_____																																															
Increased Adjacent Structures	\$ _____	\$ _____																																															
Personal Liability	\$ _____	\$ _____																																															
Premises Liability	\$ _____	\$ _____																																															
Increased Medical Payments	_____	\$ _____																																															
Additional Living Expense	\$ _____	\$ _____																																															
Other _____	_____	\$ _____																																															
Other _____	_____	\$ _____																																															
Credits / Surcharges																																																	
*Deductible Change-Percentage Amount	\$ _____	+/- _____%																																															
*Other _____	_____	+/- _____%																																															
*Other _____	_____	+/- _____%																																															
*Apply Credit to Coverages A, B and/or C, refer to Rate Manual for rating method.																																																	
TOTAL POLICY PREMIUM	\$ _____																																																
How many dwellings are owned by the insured? _____ Is there any unrepaired damage or boarded-up windows? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																	

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 \$ _____
---	---	---

UNDERWRITING INFORMATION

Form with 28 numbered questions regarding insurance underwriting, including sections for YES/NO checkboxes and specific details like swimming pools, farming, and heating systems.

LOSS PAYEE INFORMATION

Form for listing loss payees, including checkboxes for Lienholder/Mortgagee and Additional Insured, and fields for Name, Address, City, State, Zip, and Loan Number.

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.

IREJECTTHE 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.

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.

Form for binder provisions including 'Is Coverage Bound?' checkboxes and signature fields for Applicant, Agent, and License No.