

<b>AMERICAN MODERN INSURANCE COMPANY</b> <b>CALIFORNIA DWELLING APPLICATION</b>	<b>Check Program Applicable:</b> <input type="checkbox"/> EZChoiceD1 (DP-1) <input type="checkbox"/> EZChoiceVacant <input type="checkbox"/> Vacant Manufactured Home <input type="checkbox"/> EZChoiceD3 (DP-3)	Policy Number <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span> <i>Use only at Direction of Company</i>
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Agency Number	0 1 4 1 3 5	PHONE: 925-947-2990, 800-955-8213 FAX: 925-947-3978	Subproducer Number		PHONE: ( ) FAX:
AGENCY NAME	J.E. BROWN & ASSOCIATES			SUBPRODUCER NAME	
ADDRESS	303 Lennon Lane			ADDRESS	
CITY/STATE/ZIP	Walnut Creek, CA 94598			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:			
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 Type <input type="checkbox"/> Slate <input type="checkbox"/> Steel <input type="checkbox"/> Tin <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 <input type="checkbox"/> Bi-Level <input type="checkbox"/> Tri-Level	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							

<b>IF VACANT:</b> 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	<b>IF VACANT MANUFACTURED HOME, Please List:</b> Length/Width      Make      Model      Serial # _____      _____      _____      _____				
Type of Foundation <input type="checkbox"/> Open      If there is a Full or Partial Basement, is it: <input type="checkbox"/> Slab <input type="checkbox"/> Finished <input type="checkbox"/> Crawl Space <input type="checkbox"/> Unfinished <input type="checkbox"/> Partial Basement <input type="checkbox"/> Partially Finished <input type="checkbox"/> Full Basement <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75%	Bathrooms      Fireplaces # Full Baths <input type="checkbox"/> One <input type="checkbox"/> Two # Half Baths <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 colspan="3"><b>Credits / Surcharges</b></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 colspan="2" style="text-align: right;"><b>TOTAL POLICY PREMIUM</b></td> <td style="border: 1px solid black; text-align: center;">\$ _____</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 _____		\$ _____	<b>Credits / Surcharges</b>			*Deductible Change-Percentage Amount	\$ _____	+/- _____%	*Other _____		+/- _____%	*Other _____		+/- _____%	*Apply Credit to Coverages A, B and/or C, refer to Rate Manual for rating method.			<b>TOTAL POLICY PREMIUM</b>		\$ _____
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<table style="width:100%;"> <tr> <th style="width:15%;">Date</th> <th style="width:20%;">Cause</th> <th style="width:25%;">Description</th> <th style="width:40%;">Amount</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	Date	Cause	Description	Amount													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																																
Date	Cause	Description	Amount																																														

**DIRECT BILL INFORMATION**

<b>PAYMENT OPTION - Select One:</b> <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#: _____ - _____ - _____ - _____ Expiration Date: _____ Amount to be Charged \$ _____ Name on Card: _____ <b>New Business Bill To:</b> <input type="checkbox"/> Applicant <input type="checkbox"/> Mortgagee #1 <b>At Renewal Bill To:</b> <input type="checkbox"/> Applicant <input type="checkbox"/> Mortgagee #1	Down Payment \$ _____ Installment Fee \$ _____ Amount Enclosed \$ _____ <b>Co. Use Only</b> \$ _____
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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"/>	13. Does the dwelling have smoke detectors?	<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"/>	14. Is there a supplemental heating source used?	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	15. Are kerosene or portable space heaters used?	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	16. Does the dwelling have any unrepaired water damage or any water leaks?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there a swimming pool on the premises?	<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"/>
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"/>	18. Is the dwelling a manufactured home, or a modified manufactured home?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there any farming conducted on the premises?	<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"/>
5. Is there any business conducted on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	20. Is the dwelling under construction or undergoing major renovation?	<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"/>	21. Is the dwelling attached to, occupied as, or converted from a commercial risk?	<input type="checkbox"/>	<input type="checkbox"/>
6. How many days has the dwelling gone uninsured immediately prior to the requested effective date? _____			22. Is the dwelling in foreclosure or currently 60 days or more past due on mortgage payments?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the dwelling condemned?	<input type="checkbox"/>	<input type="checkbox"/>	23. Is the dwelling located in a landslide, forest fire, or brush fire area?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the applicant had similar insurance declined, canceled, or non-renewed?	<input type="checkbox"/>	<input type="checkbox"/>	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"/>
8a. If yes, why? <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 _____			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"/>
12. Is the primary heat source thermostatically controlled? 12a. If yes, what type? <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 _____	<input type="checkbox"/>	<input type="checkbox"/>	29. Will the dwelling be used for Short Term Rental? 29a. Will the lease term be less than 3 months?	<input type="checkbox"/>	<input type="checkbox"/>
			30. Does the insured live within 100 miles of the Property?	<input type="checkbox"/>	<input type="checkbox"/>
			31. Is the Property managed by a Property Manager?	<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

## 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:**

## 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 \_\_\_\_\_

# CALIFORNIA DEPARTMENT OF INSURANCE

## RACE, NATIONAL ORIGIN & GENDER FORM

**Company:** Check One  AFH Insurance Company (070)  
 American Modern Insurance Company (077)

Policy Number: \_\_\_\_\_ (New Business **Only**)

This information is requested by the **State of California** in order to monitor the insurer's compliance with the law. All policyholders are requested to voluntarily provide the following information:

***This form will be separated from the application prior to the insurer processing the application. No such information shall be used for purposes of underwriting or rating any applicant or policyholder.***

Applicant's Name and Address (to be provided in order to refer back to the applicant)

Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: CA Zip Code: \_\_\_\_\_

**Application Type:** (Place an "X" in the box corresponding to the line of business this policy falls under)

Dwelling                       Homeowners                       Mobile Home   
 Motor Home                       Motorcycle

If policyholder does not wish to provide the Department of Insurance with this information, please check here.

Check the Race or National Origin as it applies to the Applicant:

	<b>Applicant</b>			<b>Co-Applicant</b>		
	Male	Female	Business	Male	Female	Business
African-American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Indian or Alaskan Native	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian / Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***After completion, please submit via fax, e-mail or mail to the following:***

**Fax:** 1-800-217-5150  
 Attention: 4th Floor Document Control

**E-mail:**  
 servicecenter@amig.com

**Mail To:**  
 American Modern Insurance Group  
 PO Box 5323  
 Cincinnati, Ohio 45201  
 Attn: 4th Floor Document Control

## DWELLING PROPERTY BASIC FORM RESIDENTIAL PROPERTY INSURANCE DISCLOSURE - CALIFORNIA

This disclosure is required by California law (Section 10102 of the Insurance Code). It describes the principal forms of insurance coverage in California for residential dwellings. It also identifies the form of dwelling coverage you have purchased or selected.

This disclosure form contains only a general description of coverages and is not part of your residential property insurance policy. Only the specific provisions of your policy will determine whether a particular loss is covered and, if so, the amount payable. Regardless of which type of coverage you purchase, your policy may exclude or limit certain risks.

**READ YOUR POLICY CAREFULLY.** If you do not understand any part of it or have questions about what it covers, contact your insurance agent or company. You may also call the California Department of Insurance consumer information line at 1-800-927-4357.

The cost to rebuild your home may be very different from the market value of your home since reconstruction is based primarily on the cost of labor and materials. Many factors can affect the cost to rebuild you home, including the size of your home, the type of construction, and any unique features. Please review the following coverages carefully. If you have questions regarding the level of coverage in your policy, please contact your insurance agent or company. Additional coverage may be available for an additional premium.

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### CUT ALONG THE DOTTED LINE

You have purchased or selected the highlighted form of dwelling coverage on the attached.

Please sign and date the below statement to acknowledge that you have read and understand the form of dwelling coverage you have purchased or selected.

I \_\_\_\_\_ (named insured or applicant) hereby acknowledge that I have read and fully understand the form of dwelling coverage purchased or selected.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please detach this portion of the page and forward it to the following address:

AMERICAN MODERN INSURANCE COMPANY  
Attn: Customer Care  
PO Box 5323  
Cincinnati, Ohio 45201-5323

## FORMS OF COVERAGE FOR DWELLINGS

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### **GUARANTEED REPLACEMENT COST COVERAGE WITH FULL BUILDING CODE UPGRADE PAYS REPLACEMENT COSTS WITHOUT REGARD TO POLICY LIMITS AND INCLUDES COSTS RESULTING FROM CODE CHANGES.**

In the event of any covered loss to your home, the insurance company will pay the full amount needed to repair or replace the damaged or destroyed dwelling with like or equivalent construction **regardless of policy limits. Your policy will specify whether you must actually repair or replace the damaged or destroyed dwelling in order to recover guaranteed replacement cost.** The amount of recovery will be reduced by any deductible you have agreed to pay.

This coverage includes all additional costs of repairing or replacing your damaged or destroyed dwelling to comply with any new building standards (such as building codes or zoning laws) required by government agencies and in effect at the time of the rebuilding.

To be eligible to recover full guaranteed replacement costs with building code upgrade, you must insure the dwelling to its full replacement cost at the time the policy is issued, with possible periodic increases in the amount of coverage to adjust for inflation and increases in building costs; you must permit inspections of the dwelling by the insurance company; and you must notify the insurance company about any alterations that increase the value of the insured dwelling by a certain amount (see your policy for that amount).

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### **GUARANTEED REPLACEMENT COST COVERAGE WITH LIMITED OR NO BUILDING CODE UPGRADE PAYS REPLACEMENT COSTS WITHOUT REGARD TO POLICY LIMITS BUT LIMITS OR EXCLUDES COSTS RESULTING FROM CODE CHANGES.**

In the event of any covered loss to your home, the insurance company will pay the full amount needed to repair or replace the damaged or destroyed dwelling with like or equivalent construction **regardless of policy limits. Your policy will specify whether you must actually repair or replace the damaged or destroyed dwelling in order to recover guaranteed replacement cost.** The amount of recovery will be reduced by any deductible you have agreed to pay.

This coverage does **not** include all additional costs of repairing or replacing your damaged or destroyed dwelling to comply with any new building standards (such as building codes or zoning laws) required by government agencies and in effect at the time of the rebuilding. Consult your policy for the applicable exclusions or limits with respect to costs.

To be eligible to recover full guaranteed replacement cost with limited or no building code upgrade, you must insure the dwelling to its full replacement cost at the time the policy is issued, with possible periodic increases in the amount of coverage to adjust for inflation and increases in building costs; you must permit an inspection of the dwelling by the insurance company; and you must notify the insurance company about any alterations that increase the value of the insured dwelling by a certain amount (see your policy for that amount).

## FORMS OF COVERAGE FOR DWELLINGS

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### **EXTENDED REPLACEMENT COST COVERAGE PAYS REPLACEMENT COSTS UP TO A SPECIFIED AMOUNT ABOVE THE POLICY LIMIT.**

In the event of any covered loss to your home, the insurance company will pay to repair or replace the damaged or destroyed dwelling with like or equivalent construction **up to a specified percentage over the policy's limits of liability**. See the declarations page of your policy for the limit that applies to your dwelling. **Your policy will specify whether you must actually repair or replace the damaged or destroyed dwelling in order to recover extended replacement costs.** The amount of recovery will be reduced by any deductible you have agreed to pay.

To be eligible to recover extended replacement cost coverage, you must insure the dwelling to its full replacement cost at the time the policy is issued, with possible periodic increases in the amount of coverage to adjust for inflation; you must permit an inspection of the dwelling by the insurance company; and you must notify the insurance company about any alterations that increase the value of the insured dwelling by a certain amount (see your policy for that amount). Your policy will specify whether or not you must actually repair or replace the damaged or destroyed dwelling in order to recover extended replacement cost. Read your declaration page to determine whether your policy includes coverage for building code upgrades.

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### **REPLACEMENT COST COVERAGE PAYS REPLACEMENT COSTS UP TO POLICY LIMITS.**

In the event of any covered loss to your home, the insurance company will pay to repair or replace the damaged or destroyed dwelling with like or equivalent construction **up to policy's limit of liability**. See the declaration page of your policy for the limit that applies to your dwelling. **Your policy will specify whether you must actually repair or replace the damaged or destroyed dwelling in order to recover replacement costs.** The amount of recovery will be reduced by any deductible you have agreed to pay.

To be eligible to recover replacement cost, you must insure the dwelling to 80% of its replacement cost at the time of loss. Read your declaration page to determine whether your policy includes coverage for building code upgrades.

## FORMS OF COVERAGE FOR DWELLINGS

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\*\*\* ACTUAL CASH VALUE COVERAGE PAYS THE FAIR MARKET VALUE OF THE DWELLING AT THE TIME OF LOSS UP TO POLICY LIMIT.

In the event of any covered loss to your home, the insurance company will pay either the depreciated fair market value of the damaged or destroyed dwelling at the time of the loss or the cost of replacing or repairing the damaged or destroyed dwelling with like or equivalent construction **up to the policy limit**. The amount of recovery will be reduced by any deductible you have agreed to pay. Read your declaration page to determine whether your policy includes coverage for building code upgrades.

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**THIS POLICY DOES NOT INCLUDE BUILDING CODE UPGRADE COVERAGE**

\*\*\* THE POLICY BEING ISSUED TO YOU DEFINES ACV DIFFERENTLY THAN ABOVE. INSTEAD OF THE ABOVE DEFINITION, IN YOUR POLICY ACV MEANS REPLACEMENT COST LESS DEPRECIATION. PLEASE READ THE PROVISIONS OF THE POLICY CAREFULLY.