



**CALIFORNIA DWELLING FIRE ACCORD SUPPLEMENTAL APPLICATION**

Agency Number       PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

SUB-AGENT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

**BASIC INFORMATION / CLIENT INFORMATION**

FIRST NAME \_\_\_\_\_

MIDDLE INITIAL \_\_\_\_\_

LAST NAME \_\_\_\_\_

**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	<b>IF RENTAL:</b> 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>STYLE OF HOME:</b> <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	<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 If <b>VACANT MANUFACTURED HOME</b> , Please List: Length/Width      Make      Model      Serial # _____
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**ELECTRIC TYPE**

Breaker Box     Fuse Box     Knob & Tube     Other  
 Both Breaker Box and Fuse Box

**LOSS INFORMATION**

Are there any unresolved/open claims or any unrepaired damage?  
 Yes  No

**TWO PHOTOS, CLEARLY SHOWING THE FRONT AND BACK OF THE HOME, ARE REQUIRED.**

**UNDERWRITING INFORMATION**

		YES	NO			YES	NO
1. Has the dwelling gone uninsured for more than 30 days immediately prior to the requested effective date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Does the dwelling currently have utilities such as natural gas, electric, or water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the dwelling condemned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Is the dwelling attached to, occupied as, or converted from a commercial risk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the applicant had similar insurance declined, canceled, or non-renewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. 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"/>
3a. <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 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. 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"/>
4. Name of prior carrier? _____ Exp. Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Is the dwelling in an area that is isolated, not accessible by road?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the dwelling held in the name of a corporation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Is there an underground fuel storage or underground fuel tank on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is there a supplemental heating source in the dwelling? Supplemental Heating Device Questionnaire required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. 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"/>	<input type="checkbox"/>
6a. If yes, was it installed by the manufacturer or a licensed contractor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Is the dwelling located in a landslide, forest fire, or brush fire area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6b. Are kerosene or portable space heaters used in the dwelling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18a. Is there over 350 feet of brush clearance on all 4 sides of the home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the plumbing in good repair with no leaks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Will the dwelling be used for Short Term Rental?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the dwelling an earth home, dome home, stilt home, row home, townhouse or condominium?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19a. Will the lease term be less than 3 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the dwelling of non-conventional design?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Does the insured live within 100 miles of the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is the dwelling a manufactured home, or a modified manufactured home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Is the property managed by a Property Manager?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				22. Has the applicant had any other policies with American Modern?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**COVERAGES, LIMITS & PREMIUMS**

Coverages	Limit of Liability	Premium
Dwelling Base Premium	\$ _____	\$ _____
Personal Property	\$ _____	\$ _____
Increased Adjacent Structures	\$ _____	\$ _____
Personal Liability	\$ _____	\$ _____
Premises Liability	\$ _____	\$ _____
Additional Living Expense	\$ _____	\$ _____
Vandalism & Malicious Mischief		\$ _____
Other _____		\$ _____
Other _____		\$ _____
<b>Credits / Surcharges</b>		
Deductible	\$ _____	+/- _____
Other _____		+/- _____
Other _____		+/- _____
<b>TOTAL POLICY PREMIUM</b>	<b>\$</b>	<b>_____</b>

**DIRECT BILLING INFORMATION**

Payment Option - Select one:  
 One Pay - Full Premium Required  
 Four Pay - 25% Down\*  
 EFT \*(Monthly debits from bank account.) Attach form #00220-08-G\*

New Business . . . Bill To:  
 Applicant  Mortgagee #1

At Renewal . . . Bill To:  
 Applicant  Mortgagee #1

MasterCard     Visa     Discover     American Express

Card#:  -  -  -

Expiration Date: \_\_\_\_\_

Amount to be Charged \$ \_\_\_\_\_

Name on Card: \_\_\_\_\_

Down Payment \$ \_\_\_\_\_

Installment Fee \$ \_\_\_\_\_

Amount Enclosed \$ \_\_\_\_\_

**Company Use Only** \$ \_\_\_\_\_

**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:**

Applicant's Signature  \_\_\_\_\_ Date \_\_\_\_\_