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(800) 955-8213 (925) 947-2990
Fax (925) 947-3978 License#0812739
www.jebrown.net

AMERICAN MODERN MOTOR HOME SUBMISSION CHECK LIST

PLEASE ATTACH TO YOUR SUBMISSION

To bind coverage your submission must include:

- Completed and signed** American Modern Motor Home application*
*use current application available at www.jebrown.net
- A check for the minimum of 25% down
- Documentation proving value (bill of sale or printout from www.nada.com)
- All requested coverage's must be listed on page 2 of the application
- Attach a copy of your quote (if applicable)

Binding authority:

- Bound on postmark (72 hr Authority) or immediately via modernLINK

No fax binding. Date of this mailing: _____

If you have any questions regarding eligibility or binding procedures please contact Kristin Butcher at 800-955-8213 or kristin_butcher@jebrown.net.

You now have the ability to quote, submit, and bind American Modern Motor Home risks online via modernLINK. If you would like access to this valuable resource please contact our office or sign up for the program from our home page at www.jebrown.net.

Coverages:	Value \$ _____
1. Other Than Collision Deductible Options <input type="checkbox"/> 100 <input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> 1,000	
2. Collision Deductible Options <input type="checkbox"/> 100 <input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> 1,000	
3. Bodily Injury Limit Options <input type="checkbox"/> 50/100 <input type="checkbox"/> 100/300 <input type="checkbox"/> 300/500 <input type="checkbox"/> _____	
4. Property Damage Limit Options <input type="checkbox"/> 50,000 <input type="checkbox"/> 100,000 <input type="checkbox"/> 300,000 <input type="checkbox"/> _____	
5. Medical Payments Limit Options <input type="checkbox"/> 1,000 <input type="checkbox"/> 2,000 <input type="checkbox"/> 5,000 <input type="checkbox"/> _____	
6. Uninsured Motorists Bodily Injury Limit Options <input type="checkbox"/> 50/100 <input type="checkbox"/> 100/300 <input type="checkbox"/> 300/500 <input type="checkbox"/> _____	
7. Towing and Labor <input type="checkbox"/> 100 <input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> Reasonable	
8. Personal Effects (ACV) <input type="checkbox"/> _____ Amount \$ _____	
9. Replacement Cost Pers. Effects (Must equal PE ACV if selected) Amount \$ _____	
10. Emergency Expense <input type="checkbox"/> 500 <input type="checkbox"/> 750	
11. Mexico Coverage <input type="checkbox"/> _____	
12. Settlement Options <input type="checkbox"/> Actual Cash Value <input type="checkbox"/> Replacement Cost <input type="checkbox"/> Agreed Value	
13. Accidental Death & Dismemberment <input type="checkbox"/> _____	
14. Trailer <input type="checkbox"/> _____ Value \$ _____	
15. Diminishing Deductible Options <input type="checkbox"/> 100 <input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> 1,000	
16. Full Timer <input type="checkbox"/> 50/100 <input type="checkbox"/> 100/300 <input type="checkbox"/> 300/500 <input type="checkbox"/> _____	
17. Vacation Liability <input type="checkbox"/> 10,000 <input type="checkbox"/> 25,000 <input type="checkbox"/> 50,000 <input type="checkbox"/> 100,000	
18. Outstanding Principal Loan Balance <input type="checkbox"/> _____	
19. Subtotal (Coverages 6 through 18)	
20. Total Premium	

	DISCOUNTS								SURCHARGES												
Sum all Discounts and Surcharges. Apply Total Discounts/ Surcharges % to coverage in Column 2 above.									Accidents & Violations												
Coverage:	<input type="checkbox"/> Active	<input type="checkbox"/> Passive	<input type="checkbox"/> VIN Etching	<input type="checkbox"/> Alarm Only	<input type="checkbox"/> Theft Recovery	<input type="checkbox"/> Loss Free	<input type="checkbox"/> Association	<input type="checkbox"/> Mature Driver Course	<input type="checkbox"/> Passive Restraint-Driver Side	<input type="checkbox"/> Passive Restraint-Both Sides	<input type="checkbox"/> Anti-Lock Brakes	<input type="checkbox"/> 2 A/V	<input type="checkbox"/> 3 A/V	<input type="checkbox"/> Joint Owner	<input type="checkbox"/> Business Use Light	<input type="checkbox"/> Personal Rental	<input type="checkbox"/> Inexperienced Operator	<input type="checkbox"/> Unit <21 ft.	<input type="checkbox"/> Full Timer / Primary Residence	<input type="checkbox"/> Youthful Operator	Total Discount/ Surcharge %
	-5%	-15%	-5%	-5%	-15%	-5%	-5%	-5%	-20%	-30%	-5%	20%	50%	50%	50%	100%	10%	35%	25%	65%	%

BINDER	DIRECT BILL INFORMATION
<input type="checkbox"/> COVERAGE IS BOUND AGENT INITIAL _____ IS ATTACHED (AMOUNT TO BE NOT LESS THAN 25% OF ANNUAL PREMIUM OR \$50, WHICHEVER IS MORE.) _____	<input type="checkbox"/> FULL PAY (100% DOWN) <input type="checkbox"/> 4 PAY (25% DOWN) AMOUNT INCLUDED _____ <input type="checkbox"/> CREDIT CARD (Attach Supplemental Form) \$ _____ <input type="checkbox"/> EZPay (Attach Supplemental Form)

INSURANCE FRAUD NOTIFICATION - 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.

Notice to Applicant: We may make an investigation into your insurability, including securing a motor vehicle report for all persons listed on this application and, if applicable, information as to character, reputation, mode of living and credit history. Information may be obtained through personal interviews with friends, neighbors or others with whom you are acquainted. If an investigation is made it will be handled in the strictest confidence. Information as to the nature and scope of any investigation will be provided to you if you make a written request.

Applicant's Statement: I declare that all of the statements contained in this application are true and complete. I hereby apply to the Company for an insurance policy as set forth in this application based on these statements. I understand that if any information is false or misleading or would materially affect acceptance of the risk by the Company, the policy will be null and void and claims denied. I understand that the policy will be void from inception if I pay my initial premium by check, and the check is not honored when presented for payment. A service charge of \$10.00 will be assessed if any check offered in payment is not honored by the bank.

I understand that the coverage as specified in this application will not apply to a motor home I own while the motor home is used in business or rented, leased or loaned for a charge to any organization, or any person other than me, unless Business Use coverage or Personal Rental coverage is indicated on the Declarations and an additional premium is paid.

BINDER PROVISIONS: If coverage is bound, the insurance afforded by this binder is subject to all provisions of the policy form as used in the state where the risk is located. This binder expires at 12:01 am on the 31st day after the effective date or (1) immediately on notification of cancellation by the named insured or the Company, or (2) on its effective date if replaced by a policy with the same effective date as the binder. If this binder is not replaced by a policy, the appropriate premium will be charged, but not less than \$50.00. See agency contract for special binding authority.

Signature of Applicant	Date	Time
Signature of Agent	Date	Time



Premium Adjustment
(if any)
\$

DELETION OF UNINSURED MOTORISTS COVERAGE FROM POLICY, SELECTION OF LOWER LIMIT OF LIABILITY, WAIVER OF COLLISION DEDUCTIBLE (California)

The California Insurance Code (Section 11580.2) requires an insurer to provide uninsured motorists coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Such section also permits the insurer and the applicant to delete such coverage completely or to delete such coverage when a motor vehicle is operated by a natural person or persons designated by name, or agree to provide such coverage in an amount less than that required by subdivision (m) of Section 11580.2 of the Insurance Code, but not less than the financial responsibility requirements. Uninsured motorists coverage insures the insured, his heirs, or legal representatives for all sums within the limits established by law, which such person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to him from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code.*

Under the California Insurance Code (Section 11580.26) it is required, provided bodily injury uninsured motorists coverage is not rejected, where a policy of motor vehicle liability insurance does not include collision insurance on the insured motor vehicle, that the insurer offer to cover property damage on the insured motor vehicle (not including personal property therein) caused by the owner or operator of an uninsured motor vehicle. Such coverage of loss or damage by collision shall not exceed the actual cash value of \$3,500, whichever is less. The insured may elect not to accept such coverage or to waive such coverage when the motor vehicle is operated by a person or persons designated by name. Property damage does not include loss of use of the motor vehicle.

Section 11580.26 further requires that where a policy of motor vehicle liability insurance includes collision coverage on the insured motor vehicle, subject to a deductible to be paid by the insured, that the insurer offer to provide coverage in the amount of the deductible in the event of collision involving a vehicle, including a trailer, owned by the named insured and insured under the policy and an uninsured motor vehicle. You may elect not to accept this offer or to waive this coverage when the insured vehicle is used or operated by a person or persons designated by name.

In accordance with the above described California Insurance Code the undersigned insured (and each of them)—
(Applicable item marked)

- agrees that the Uninsured Motorists Coverage afforded in the policy for bodily injury is hereby deleted.
- agrees that the Uninsured Motorists Coverage afforded in the policy for bodily injury is hereby deleted with respect to the following designated individual(s) when operating a motor vehicle:

_____	_____
NAME OF INDIVIDUAL	NAME OF INDIVIDUAL

- agrees that the following lower limit of liability for bodily injury applies with respect to the Uninsured Motorists Coverage afforded in the policy:

\$ _____ each person (enter limit if applicable):	\$ _____ each accident.
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- agrees that the property damage only portion of the Uninsured Motorists Coverage afforded in the policy (applicable to motor vehicle(s) without Collision Coverage) is hereby deleted.
- agrees that the property damage only portion of the Uninsured Motorists Coverage afforded in the policy (applicable to motor vehicle(s) without Collision Coverage) is hereby deleted with respect to the following designated individual(s) when operating a motor vehicle:

_____	_____
NAME OF INDIVIDUAL	NAME OF INDIVIDUAL

- agrees that Uninsured Motorists Coverage provides property damage coverage to the following motor vehicle(s):
- | | |
|----------------|----------------|
| Veh. No. _____ | Veh. No. _____ |
| Veh. No. _____ | Veh. No. _____ |

- agrees that the offer to waive the collision deductible for property damage in the event of a collision with an uninsured motor vehicle and a motor vehicle afforded Collision Coverage under the policy is hereby rejected.
- agrees that the waiver of the collision deductible for property damage in the event of a collision with an uninsured motor vehicle and a motor vehicle afforded Collision Coverage under the policy is hereby deleted with respect to the following designated individual(s) when operating a motor vehicle:

_____	_____
NAME OF INDIVIDUAL	NAME OF INDIVIDUAL

- agrees to accept the offer to waive the deductible under the Collision Coverage applying to the following covered auto(s), including trailer(s), in the event of collision with an uninsured motor vehicle:
- | | |
|----------------|----------------|
| Veh. No. _____ | Veh. No. _____ |
| Veh. No. _____ | Veh. No. _____ |

_____	_____
SIGNATURE OF INSURED	SIGNATURE OF INSURED

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:

	Applicant			Co-Applicant		
	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



Policy Number: _____

DRIVER EXCLUSION ENDORSEMENT

In consideration of the continuation of this policy at the premium charged, it is agreed that all coverages, including, but not limited to:

- Bodily Injury Liability,
- Property Damage Liability,
- Medical Payments,
- Personal Injury Protection Coverage (where applicable),
- Uninsured Motorists Coverage,
- Underinsured Motorists, and
- Physical Damage,

are not afforded by this policy while any vehicle described in the policy, or any other vehicle to which the terms of this policy are extended, is being used, driven, operated, manipulated by, or under the care, custody or control, with or without permission, by the person named below:

NAME OF EXCLUDED DRIVER	AGE	RELATIONSHIP TO INSURED
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All other terms and conditions of this policy remain unchanged.

The Named Insured accepts this endorsement and confirms acceptance as witness his/her signature.

Signature/Acceptance of Named Insured

Date