## AMERICAN MODERN INSURANCE GROUP

## Landlord 10+ Scheduled Dwelling Application

## Please attach Fraud Warning Notices, form # FRWR-APP-COMM (05/15) (if applicable)

Applicable to Illinois Only;

We are in compliance with the Religious Freedom Protection and Civil Union Act.

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AGENCY EMAIL							SUBPRODUCER EMAIL							
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Identity Recovery:	Yes 🗆 N	No S	ervic	e Line:  Yes  N	0		Medical Expense: \$5,000							
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Annual Business Inco	ACV		Busin	ness Income Settler		N/A				Contents Limit:	
	me Limit:		Busin	ness Income Settler surance %	ment Options - N/A or 1/3 monthl Ded: \$500	N/A	nit	<b>1</b> /4	monthly limit	Contents Limit:	
Annual Business Incom N/A  If Condo: Loss Assess	me Limit:	Yes □ Structure	Busin Coins No Lii	ness Income Settler surance %	or 1/3 monthl	N/A	nit		monthly limit agee:	Contents Limit:	

			LOSS HISTORY				
	er all claims or losses (reg losses in the past 3 years		or not insured) or occurrences that may	give rise to claims for the prior 3 y	ears.		
Date	e of Loss	Cause of Loss	Description of Loss	Amount of Loss	Claims S Open/Cl		
					☐ Open ☐	Closed	
			☐ Open ☐ Closed				
					☐ Open ☐		
					-		
					Open -		
Nan	ne of Prior/Current Carrier	<u> </u> 			☐ Open ☐	Closed	
	rent Annual Premium: \$	·					
			GENERAL INFORMATION				
					Yes	No	
1.	Has the applicant had sin	milar insurance declined, ca	nceled, or non-renewed? (except Missour	ri) If yes, why?			
2.	How many days have an	ny of the dwellings gone unir	sured prior to the requested effective dat	e? number of days.			
3.	Has the applicant had a	past conviction for arson, fra	aud, or other insurance-related offenses?				
4.	Has the applicant filed fo	or bankruptcy in the past 5 ye	ears?				
5.	Are any dwellings in fore	closure or currently 60 days	or more past due on mortgage payments	3?			
6.	Is the applicant unemplo	yed, other than retired or dis	sabled?				
7.	Has the applicant had ar	ny other policies with Americ	an Modern?				
8.	Do you have risk manage	ement procedures/practices	/formal maintenance program? If yes, de	scribe:			
9.	Is there a signed rental a	agreement with tenant?					
10.	Do you do a background	I check on tenant?					
11.	Are tenants required to o	carry a tenants insurance po	licy?				
12.	Have any properties had	l more than 3 tenants in last	3 years?				
			ERTY UNDERWRITING INFORM				
1.	non-conventional design	earth home, dome home, ? If yes, provide Bldg #s: se, are there 8 units or less it	open pier, stilt home, row home, town a row?	wnhouse, condominium, or any	other		
2.		nufactured home, or a modifing a manufactured home com	ed manufactured home? If yes, provide B	ldg #s:			
3.	Are any dwellings occup	ied as a fraternity, sorority, s	tudent housing, or other similar occupanc	cy? If yes, provide Bldg #s:			
4.	Do any dwellings have u	n-repaired damage or board	led-up windows? If yes, provide Bldg #s:				
5.	<u>.</u>	· · · · · · · · · · · · · · · · · · ·	ge or any water leaks? If yes, provide Bldo	g #s:			
6.		condemned? If yes, provide ag municipal or fire code viola	Bldg #s: ations? If yes, provide Bldg #s:				
7.	Are the primary heat sou	irces thermostatically contro	lled? If yes, what type? If no, please expla	ain: Provide Bldg #s:	-		
8.		heating source used? If yes, e space heaters used? If yes					
9.	Do the dwellings currently	ly have utilities such as natu	ral gas, electric, or water? If no, please e.	xplain: Provide Bldg #s:	-		
10.	Is there an underground	fuel storage or underground	I fuel tank on any premises? If yes, provid				
11.	Do any dwellings have a	lluminum wiring, knob and tu	be wiring? If yes, provide Bldg #s:				
12.	Are any dwellings under	construction or undergoing	major renovation? If yes, provide Bldg #s.				
13.	Are any dwellings Vacan	t? If yes, provide Bldg #s:					
14.	Are any dwellings attach	ed to other, or converted fro	m a commercial building? If yes, provide	Bldg #s:			
15.	Are any dwellings locate	d in a landslide, forest fire, o	or brush fire area? If yes, provide Bldg #s:				
			essible by road? If yes, provide Bldg #s:				
		flat roof? If yes, provide Blo					
			es layered over a wood or shake shingle r	oof?			
19.	Any going green constru	ction such as solar paneling	? If yes, provide Bldg #s:				

	If requesting Liability coverage, please answer the following questions for EACH Dwelling.								
	LIABILITY & VACANT UNDERWRITING INFORMATION								
		Yes	No						
1.	Do any of the following exposures exist on premises?								
	a. Swimming Pools. If yes, provide Bldg #s:								
	b. Spas, Hot Tubs, or Jacuzzi. If yes, provide Bldg #s:								
	c. Trampolines. If yes, provide Bldg #s:								
	d. Day Care Operations. If yes, provide Bldg #s:								
	e. Lead Paint. If yes, provide Bldg #s:								
	f. Bars on windows or doors. If yes, are they breakaway from inside?								
	g. Open Water		[]						
2.	Have any animal bite incidents occurred on any rental premises in the past 5 years?	<u> </u>	<b></b>						
3.	Are any buildings undergoing renovations or reconstruction?	ļ'	ļ						
<u> </u>	a. Cosmetic. If yes, provide Bldg #s:	ļ'	<b></b>						
<u> </u>	b. Structural. If yes, provide Bldg #s:	ļ'	<b></b> '						
<u> </u>	If yes, please explain and provide estimated completion date:	ļ'	<b></b> '						
4.	Has "Chinese Drywall" been used in the construction or repair of any building? If yes, provide Bldg #s:	ļ'	<u> </u>						
5.	Do you use independent Contractors?	<u> </u>	<b></b>						
<u> </u>	If yes, do you obtain a certificate of insurance?	<u> </u>	<u> </u>						
6.	Are there working smoke detectors in all dwellings?								
<u> </u>	a. Hard Wired	ļ'	<u> </u>						
<u> </u>	b. Battery Operated	ļ'	<u> </u>						
7.	Is there a procedure in place to replace smoke detector batteries?	ļ'	<u> </u>						
8.	Do you have working Carbon Monoxide detectors?	ļ'	<u> </u>						
<u> </u>	a. Hard Wired	ļ'	<u> </u>						
<u> </u>	b. Battery Operated	ļ'	<u> </u>						
9.	Do you abide by all state tenant/landlord laws?	ļ'	ļ						
10.	Do all steps/porches have properly secured handrails?	<u> </u>	<u> </u>						
11.	· ·								
	<b>Vacant Dwellings - N/A</b> $\square$ In addition to the above, please respond to the following for vacant dwellings								
1.	What is the anticipated length of vacancy?								
2.	What is intent with vacant dwellings? ☐ Sale ☐ Rent ☐ Other, explain								
3.	What is the maximum amount of time any one dwelling has been vacant?								
4.	How often are physical checks made of unit?								
	a. By whom?								
5.	Is heat maintained?								
6.	Do any of the following exposures exist?								
	a. Swimming Pools. If yes, provide Bldg #s:								
	b. Spas, Hot Tubs, or Jacuzzi. If yes, provide Bldg #s: ☐ Yes ☐ No								
	Vacant Land - N/A □								
Ļ	Please respond to the following for Vacant Land	Yes	No						
1.	Any Real Estate Development activities?	$\overline{}$							
2.	Any water exposure?	<b></b>	<u> </u>						
3.	Any Activities taking place, such as hunting, dirt bike/ATV riding, etc.?	<b></b>	<u> </u>						
ldash	a. If yes, to 1, 2 or 3, please explain:		ı						
	Lessor's Risk Exposures - N/A □ Please respond to the following for Lessor's Risk Exposures.	Yes	No						
1.	Does the tenant maintain liability coverage? If yes, Liability Limit \$	162	INU						
2.	Do you obtain a certificate of insurance from tenant?	<b></b>	<del></del>						
3.	Is there any Commercial cooking exposures?	$\vdash$	<del></del>						
J.	, , ,	<b></b>	├──						
$\vdash$	a. If yes, please explain:								
	DIRECT BILL (Initial payment must be received with binding request)								
*(EF	YMENT OPTION - Select One: ☐ One pay - Full Premium Required* ☐ Two pay - 50% down ☐ E-Z Pay - 2 Months Dow FT - Monthly debits from bank account.) *Attach form #00220-09-G* Renewal Bill To: Applicant	vn Payment	Required						
crime	licable to New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance oing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent is, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.  plicant's Signature:	or statement o t insurance ac	of claim con- t, which is a						
Pro	oducer Signature:								