



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.

AGENCY INFORMATION

AGENCY CODE #	SUBPRODUCER CODE #:
AGENCY NAME	SUBPRODUCER NAME
AGENCY EMAIL	SUBPRODUCER EMAIL
PHONE : ()	

APPLICANT INFORMATION

INSURED NAME	REQUESTED EFFECTIVE DATE	EXPIRATION DATE
MAILING ADDRESS (STREET)	CITY	STATE ZIP

Entity: Corporation Partnership Individual Other, Explain: _____ Years in Business: _____

COVERAGES

PROPERTY	LIABILITY
Coverage Form: <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	General Aggregate: \$
Coinsurance: <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100%	Products and Completed Operations: \$
Wind/Hail Deductible (1% included): <input type="checkbox"/> 2% <input checked="" type="checkbox"/> 3% <input checked="" type="checkbox"/> 4% <input type="checkbox"/> 5%	Personal and Advertising Injury: \$
All Other Peril Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000	Each Occurrence: \$
Identity Recovery: <input type="checkbox"/> Yes <input type="checkbox"/> No Service Line: <input type="checkbox"/> Yes <input type="checkbox"/> No	Damage to Rented Premises: \$100,000
	Medical Expense: \$5,000

PREMISES INFORMATION

Building #	Location Address:						
# Families:	City/State/Zip:	PC: _____	<input type="checkbox"/> Rental <input type="checkbox"/> Vacant <input type="checkbox"/> Condominium Unit # _____				
Construction Type:	Year Built:	Date Purchased:	Purchase Price:	Total Area:	# of Stories:	Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No	Roof Type:
Valuation: <input type="checkbox"/> RC <input type="checkbox"/> ACV	Building or Condo Limit:		Other Structures Limit: N/A <input type="checkbox"/>		Contents Limit: N/A <input type="checkbox"/>		
Annual Business Income Limit: N/A <input type="checkbox"/>	Business Income Settlement Options - N/A <input type="checkbox"/> Coinsurance % or <input type="checkbox"/> 1/3 monthly limit <input type="checkbox"/> 1/4 monthly limit <input type="checkbox"/> 1/6 monthly limit						
If Condo: Loss Assessment <input type="checkbox"/> Yes <input type="checkbox"/> No Limit \$ _____ Ded: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 Miscellaneous Real Structure <input type="checkbox"/> Yes <input type="checkbox"/> No Limit \$ _____				Mortgagee: N/A <input type="checkbox"/>			
Year building updates were completed: Roofing: Wiring: Heating: Plumbing: Other:							

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If you have a significant number of Dwellings and wish to submit this information please do so by requesting the "10+ Dwelling Spreadsheet". Please contact your underwriter for more information on this. **You must also submit pages 1, 5, 6, and form FRWR-APP-COMM (08/12) (fraud statements).**

LOSS HISTORY

Enter all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior 3 years.

Any losses in the past 3 years? Yes No

Date of Loss	Cause of Loss	Description of Loss	Amount of Loss	Claims Status Open/Closed
				<input type="checkbox"/> Open <input type="checkbox"/> Closed
				<input type="checkbox"/> Open <input type="checkbox"/> Closed
				<input type="checkbox"/> Open <input type="checkbox"/> Closed
				<input type="checkbox"/> Open <input type="checkbox"/> Closed
				<input type="checkbox"/> Open <input type="checkbox"/> Closed

Name of Prior/Current Carrier:

Current Annual Premium: \$

GENERAL INFORMATION

	Yes	No
1. Has the applicant had similar insurance declined, canceled, or non-renewed? (except Missouri) If yes, why?		
2. How many days have any of the dwellings gone uninsured prior to the requested effective date? number of days.		
3. Has the applicant had a past conviction for arson, fraud, or other insurance-related offenses?		
4. Has the applicant filed for bankruptcy in the past 5 years?		
5. Are any dwellings in foreclosure or currently 60 days or more past due on mortgage payments?		
6. Is the applicant unemployed, other than retired or disabled?		
7. Has the applicant had any other policies with American Modern?		
8. Do you have risk management procedures/practices/formal maintenance program? If yes, describe:		
9. Is there a signed rental agreement with tenant?		
10. Do you do a background check on tenant?		
11. Are tenants required to carry a tenants insurance policy?		
12. Have any properties had more than 3 tenants in last 3 years?		

PROPERTY UNDERWRITING INFORMATION

1. Are any dwellings an earth home, dome home, open pier, stilt home, row home, townhouse, condominium, or any other non-conventional design? If yes, provide Bldg #s: If row home or townhouse, are there 8 units or less in a row?		
2. Are any dwellings a manufactured home, or a modified manufactured home? If yes, provide Bldg #s: If yes, are they located in a manufactured home community?		
3. Are any dwellings occupied as a fraternity, sorority, student housing, or other similar occupancy? If yes, provide Bldg #s:		
4. Do any dwellings have un-repaired damage or boarded-up windows? If yes, provide Bldg #s:		
5. Do any dwellings have any un-repaired water damage or any water leaks? If yes, provide Bldg #s:		
6. Are any of the dwellings condemned? If yes, provide Bldg #s: Are there any outstanding municipal or fire code violations? If yes, provide Bldg #s:		
7. Are the primary heat sources thermostatically controlled? If yes, what type? If no, please explain: _____ _____ Provide Bldg #s:		
8. Is there a supplemental heating source used? If yes, provide Bldg #s: Are kerosene or portable space heaters used? If yes, provide Bldg #s:		
9. Do the dwellings currently have utilities such as natural gas, electric, or water? If no, please explain: _____ _____ Provide Bldg #s:		
10. Is there an underground fuel storage or underground fuel tank on any premises? If yes, provide Bldg #s:		
11. Do any dwellings have aluminum wiring , knob and tube 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 Vacant? If yes, provide Bldg #s:		
14. Are any dwellings attached to other, or converted from a commercial building? If yes, provide Bldg #s:		
15. Are any dwellings located in a landslide, forest fire, or brush fire area? If yes, provide Bldg #s:		
16. Are any dwellings in an area that is isolated, not accessible by road? If yes, provide Bldg #s:		
17. Do any dwellings have a flat roof? If yes, provide Bldg #s:		
18. Does the dwelling have composite or asphalt shingles layered over a wood or shake shingle roof?		
19. Any going green construction 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?		
3. Are any buildings undergoing renovations or reconstruction?		
a. Cosmetic. If yes, provide Bldg #s:		
b. Structural. If yes, provide Bldg #s:		
If yes, please explain and provide estimated completion date:		
4. Has "Chinese Drywall" been used in the construction or repair of any building? If yes, provide Bldg #s:		
5. Do you use independent Contractors?		
If yes, do you obtain a certificate of insurance?		
6. Are there working smoke detectors in all dwellings?		
a. Hard Wired		
b. Battery Operated		
7. Is there a procedure in place to replace smoke detector batteries?		
8. Do you have working Carbon Monoxide detectors?		
a. Hard Wired		
b. Battery Operated		
9. Do you abide by all state tenant/landlord laws?		
10. Do all steps/porches have properly secured handrails?		
11. Is there outside egress from 3 rd floor? Describe		

Vacant Dwellings - N/A

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? <input type="checkbox"/> Sale <input type="checkbox"/> Rent <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6. Do any of the following exposures exist?		
a. Swimming Pools. If yes, provide Bldg #s: <input type="checkbox"/> Yes <input type="checkbox"/> No		
b. Spas, Hot Tubs, or Jacuzzi. If yes, provide Bldg #s: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Vacant Land - N/A

Please respond to the following for Vacant Land

	Yes	No
1. Any Real Estate Development activities?		
2. Any water exposure?		
3. Any Activities taking place, such as hunting, dirt bike/ATV riding, etc.?		
a. If yes, to 1, 2 or 3, please explain: _____		

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 \$		
2. Do you obtain a certificate of insurance from tenant?		
3. Is there any Commercial cooking exposures?		
a. If yes, please explain: _____		

DIRECT BILL (Initial payment must be received with binding request)

PAYMENT OPTION - Select One: One pay - Full Premium Required* Two pay - 50% down E-Z Pay - 2 Months Down Payment Required
 *(EFT - Monthly debits from bank account.) *Attach form #00220-09-G*

At Renewal Bill To: Applicant _____

Applicable to New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, 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.

Applicant's Signature: _____

Producer Signature: _____