## AMERICAN MODERN INSURANCE GROUP American **MODERN**,

## Please attach Fraud Warning Notices, form # FRWR-APP-COMM (09/15) (if applicable)

Landlord 10+ Scheduled Dwelling		Applicable to Illinois Only;						
Application  We are in compliance with the Religious Freedom Protection and Civil Union Act.								
AGENCY INFORMATION								
AGENCY CODE #	SUBPRODUCEF							
AGENCY NAME	SUBPRODUCEF	CER NAME						
AGENCY EMAIL	SUBPRODUCEF	REMAIL						
PHONE: ( )								
APPLICANT INFORMATION								
INSURED NAME REQUESTED EFFECTIVE DATE EXPIRATION DATE								
MAILING ADDRESS (STREET) CITY STATE ZIP								
5 " Do " Do de contra Districtual Doll								
Entity: 🛘 Corporation 🚨 Partnership 🚨 Individual 🗘 Oth	•	Years in Business:						
DDODEDTY	COVERAGES	LIABILITY						
PROPERTY  Coverses Form: Design Design Design		LIABILITY  General Aggregate: \$						
Coverage Form: Basic Broad Special  Coinsurance: 80% 90% 100%		General Aggregate: \$ Products and Completed Operations: \$						
	4% 🚨 5%	Personal and Advertising Injury: \$						
	4% 🚨 5%	Each Occurrence: \$						
All Other Peril Deductible:         □ \$500       □ \$1,000       □ \$2,500       □ \$5,000       □ \$10,000	□ ¢25 000	Damage to Rented Premises: \$100,000						
φ φ φ φ φ φ φ φ φ φ φ φ φ φ φ φ φ φ φ	<b>4</b> \$25,000	Medical Expense: \$5,000						
Ol	TIONAL COVERAGES							
	age must be purchased for each lo	ocation.						
Identity Recovery: ☐ Yes ☐ No *Service Line: ☐ Yes ☐		% (options 2% thru 12%)						
*Discharge from sewer, drain or sump (up to \$5,000 limit). Proposition	erty Damage Limit \$	Business Interruption Limit \$						
PR	EMISES INFORMATION							
Building # Location Address:								
# Families: City/State/Zip:		□ Rental □ Dwelling □ Manufactured Home □ Vacant □ Condominium Unit #						
Construction Type: Year Built: Date Purchased:	Purchase Price: Total Area	a: # of Stories: Basement: Roof Type:						
Valuation: ☐ RC ☐ ACV Building or Condo Limit:	Other Structur	res Limit: Contents Limit:						
Annual Business Income Limit: Business Income Settle	N/A ☐	N/A 🗖						
N/A ☐ Coinsurance %	or 1/3 monthly limit	1 1/4 monthly limit						
If Condo: Loss Assessment ☐ Yes ☐ No Limit \$ Miscellaneous Real Structure ☐ Yes ☐ No Limit \$	1 1110	ortgagee:						
Year building updates were completed:	IN//	'A 🗖						
Roofing: Wiring: Heating: Plumbing:	Other:							
Building # Location Address:								
# Families: City/State/Zip:	PC:	□ Rental □ Dwelling □ Manufactured Home □ Vacant □ Condominium Unit #						
Construction Type: Year Built: Date Purchased:	Purchase Price: Total Area	a: # of Stories: Basement: Roof Type:						
l <u> </u>		☐ Yes ☐ No						
Valuation: ☐ RC ☐ ACV Building or Condo Limit:	Other Structur	res Limit: Contents Limit: N/A 🗖						
Annual Business Income Limit: Business Income Settle		I						
		1/4 monthly limit  1/6 monthly limit						
If Condo: Loss Assessment ☐ Yes ☐ No Limit \$		ortgagee:						
Miscellaneous Real Structure ☐ Yes ☐ No Limit \$	I	A 🗆						
Year building updates were completed:								
Roofing: Wiring: Heating: Plumbing:	Other:							

Building #		Location A	ddress:								
# Families:	City/State/2	Zip: PC:				:	F	Rental Vacant	<ul><li>Dwelling</li><li>Condom</li></ul>	☐ Manufacture inium Unit #	d Home
Construction Type	e:	Year Built:	Date Purchased:	Purchase Price:		Total A			f Stories:	Basement:	Roof Type:
Valuation: 🔲 R		Building or	Condo Limit:			her Stru	ctures	l imit:		☐ Yes ☐ No Contents Limit:	
N/A 🗆						N/A 🗖					
Annual Business Income Limit:  N/A   Business Income Settlement Options - N/A   Coinsurance % or 1/3 monthly limit 1/4 monthly limit 1/6 monthly limit											
If Condo: Loss Assessment □ Yes □ No Limit \$ Ded: □ \$500 □ \$1,000       Mortgage         Miscellaneous Real Structure □ Yes □ No Limit \$ Ded: □ \$500 □ \$1,000       N/A □						-		<u> </u>			
Year building updates were completed:						N/A L	•				
Roofing:	Wiring:	Heating	g: Plumbing:	Other:							
Building #		Location A	Address:								
# Families:	City/State/2	I <u>Z</u> ip:			РС	:		Rental Vacant	☐ Dwelling	☐ Manufacture	d Home
Construction Type	e:	Year Built:	Date Purchased:	Purchase Price:	Т	Total A			f Stories:	Basement:	Roof Type:
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Annual Business	Income Limit	I	usiness Income Settle			:4			. linait [		
	ssessment 🗆		oinsurance % Limit \$	or ☐ 1/3 month  Ded: ☐ \$500 ☐	_		Mortg:	monthly	y iimit C	■ 1/6 monthly limit	
			Yes ☐ No Limit \$				N/A 🗖				
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Building #		Location A	.ddress:					Damtal I	D. Divisillina	□ Manufastura	d I I ama a
# Families:	City/State/Z	·	1		PC:			Rental /acant		inium Unit#	
Construction Type	e:	Year Built:			-		\rea:	# of	Stories:	Basement:	Roof Type:
			Date Purchased:	Purchase Price:		Total A				☐ Yes ☐ No	
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Valuation: ☐ R0			Condo Limit:		Oth N/A		ctures	Limit:		<u> </u>	
Annual Business N/A 🗖	Income Limit	: Bu	Condo Limit: usiness Income Settler pinsurance %	ment Options - N/A	Oth N/A	ner Struc		Limit:	/ limit [	Contents Limit:	
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Annual Business N/A   If Condo: Loss As Miscella Year building upd	Income Limit ssessment  aneous Real ates were co	Yes No Structure	Condo Limit:  usiness Income Settler binsurance %  Limit \$  Yes □ No Limit \$	ment Options - N/A or  1/3 monthl Ded:  \$500	Oth N/A	ner Struc	<b>1</b> /4	monthly	/ limit 🗆	Contents Limit:	
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Building #		Location A	ddress:								
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Construction Type	<b>:</b> :	Year Built:	Date Purchased:	Purchase Price:		Total	Area:	#	of Stories:	Basement:	Roof Type:
										☐ Yes ☐ No	
Valuation: ☐ RC ☐ ACV Building or Condo Limit:			Condo Limit:		1	her Stru A 🖵	ictures l	Limit:		Contents Limit:	
Annual Business	Annual Business Income Limit: Business Income Settlement Options - N/A										
N/A ☐ Coinsurance % or ☐ 1/3 monthly limit ☐ 1/4 monthly limit ☐ 1/6 monthly limit											
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Year building updates were completed:											
Roofing:	Wiring:	Heating	: Plumbing:	Other:							
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Construction Type	e:	Year Built:	Date Purchased:	Purchase Price:		Total	Area:	_	of Stories:	Basement:	Roof Type:
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N/A □		Co	oinsurance %	or 1/3 month	ıly lir	mit	<b>1</b> /4	mont	hly limit	☐ 1/6 monthly limit	
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Roofing: Wiring: Heating: Plumbing: Other:											
Building #		Location A	ddress:								
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# Families:  Construction Type  Valuation:  RO  Annual Business N/A  If Condo: Loss As Miscella  Year building upda Roofing:  Building #  # Families:  Construction Type  Valuation:  RO  Annual Business I N/A  If Condo: Loss As A	Income Limit ssessment  aneous Real sates were col Wiring:  City/State/Z	Tip:  Year Built:  Building or Co  Yes □ No  Structure □  mpleted:  Heating  Location Acc  ip:  Year Built:  Building or Co  Yes □ No	Date Purchased:  Siness Income Settle binsurance %  Limit \$	Other:  Purchase Price:  ment Options - N/A  or 1/3 month  Other:	Ott N//	Total her Stru  mit 000  Total  Total  her Stru  A  mit	Area:  Ictures  Identification of the content of th	/acant  Limit:  Rental //acant #  Limit:  mont agee:	hly limit  Dwelling Condon of Stories:	Basement:  Yes No  Contents Limit:  N/A   1/6 monthly limit  Manufacture  ninium Unit #  Basement:  Yes No  Contents Limit:  N/A   Contents Limit:	Roof Type:
# Families:  Construction Type  Valuation:  RO  Annual Business N/A  If Condo: Loss As Miscella  Year building upda Roofing:  Building #  # Families:  Construction Type  Valuation:  RO  Annual Business I N/A  If Condo: Loss As A	Income Limit  Seessment   aneous Real  ates were con Wiring:  City/State/Z  City/State/Z  Company ACV  Income Limit:	Year Built:  Year Built:  Building or Co Yes No Structure Heating  Location Act ip:  Year Built:  Building or Co Yes No Structure No Structure No Structure No Structure No Structure No	Date Purchased:  Siness Income Settle binsurance %  Limit \$	Other:  Purchase Price:  ment Options - N/A  or 1/3 month  Other:	Ott N//	Total her Stru  mit 000  Total  Total  her Stru  A  mit	Area:  Ictures  Indictures  In	/acant  Limit:  Rental //acant #  Limit:  mont agee:	hly limit  Dwelling Condon of Stories:	Basement:  Yes No  Contents Limit:  N/A   1/6 monthly limit  Manufacture  ninium Unit #  Basement:  Yes No  Contents Limit:  N/A   Contents Limit:	Roof Type:

Building #		Location	Address:							
# Families:	City/State/Z	·					Rental Dwelling /acant Condom	☐ Manufactured minium Unit #	d Home	
Construction Type	): :	Year Buil	t: Date Purchased:	Purchase Price:	Tota	Area:	# of Stories:	Basement:  ☐ Yes ☐ No	Roof Type:	
Valuation: 🔲 RC	C 🗖 ACV	Building o	or Condo Limit:		Other Str	uctures	Limit:	Contents Limit:		
Annual Business	Income Limit		Business Income Settle	•				1 4/0 mm and the last live it		
N/A ☐ Coinsurance % or ☐ 1/3 monthly limit ☐ 1/4 monthly limit ☐ 1/6 monthly limit  If Condo: Loss Assessment ☐ Yes ☐ No Limit \$ Ded: ☐ \$500 ☐ \$1,000 Mortgagee:										
Miscellaneous Real Structu			Yes No Limit \$			N/A 🗆				
Year building updates were completed:  Roofing: Wiring: Heating: Plumbing: Other:										
Building #		Location	Address:							
# Families:	City/State/Z	ip:			PC:		Rental Dwelling /acant Condom	☐ Manufactured inium Unit #	d Home	
Construction Type	<b>:</b> :	Year Buil	t: Date Purchased:	Purchase Price:	Tota	l Area:	# of Stories:	Basement:	Roof Type:	
Valuation: R	C 🗖 ACV	Building o	r Condo Limit:		Other Str	uctures	Limit:	Contents Limit:		
Annual Business N/A	Income Limit		Business Income Settle Coinsurance %	ement Options - N/A		<b>1</b> /4	monthly limit	☐ 1/6 monthly limit		
			lo Limit \$ Yes  No Limit \$	Ded: □ \$500 □ \$1,000 imit \$			Mortgagee: N/A □			
Year building upda Roofing:	ates were co Wiring:	npleted: Heati	ng: Plumbing:	Other:						
Building #		Location	Address:							
			Addices.			ППБ	Rental Dwelling	■ Manufactured	1 Home	
# Families:  Construction Type	City/State/Z	ip: Year Buil	t: Date Purchased:	Purchase Price:	PC:			ninium Unit#	Roof Type:	
Construction Type	;. 	real buil	ii. Date Futchaseu.	Fulchase Flice.	TOTA	i Alea.	# Of Stories.	☐ Yes ☐ No	Root Type.	
Valuation: 🗖 RC	C 🗖 ACV	Building o	r Condo Limit:		Other Str N/A 🖵	uctures Limit:  N/A   Contents Limit:  N/A				
Annual Business N/A	Income Limit		Business Income Settle Coinsurance %	ment Options - N/A or  1/3 month		<b>1</b> /4	monthly limit	☐ 1/6 monthly limit		
If Condo: Loss As Miscella			lo Limit \$	_ Ded: ☐ \$500 ☐	\$1,000	Mortga				
Year building upda	ates were co	mpleted:	<u>`</u>							
Roofing:	Wiring:	Heati	ng: Plumbing:	Other:						
Building #		Location	Address:							
# Families:	City/State/Z	ip:			PC:		Rental Dwelling	☐ Manufactured	d Home	
Construction Type	):	Year Buil	t: Date Purchased:	Purchase Price:	Tota	Area:	/acant	ninium Unit# Basement:	Roof Type:	
								☐ Yes ☐ No		
Valuation: 🔲 R0	C 🗖 ACV	Building o	r Condo Limit:		Other Str N/A 🖵	uctures	Limit:	Contents Limit: N/A 🗖		
Annual Business	Income Limit		Business Income Settle Coinsurance %	ement Options - N/A or  1/3 month		□ 1/4	monthly limit	☐ 1/6 monthly limit		
If Condo: Loss As		Yes 🔲 N	lo Limit \$	_ Ded: ☐ \$500 ☐		Mortga	-			
Miscella Year building upda			Yes No Limit \$			N/A □	1			
Roofing: Wiring: Heating: Plumbing: Other:										

			LOSS HISTORY						
	er all claims or losses (regalosses in the past 3 years		r not insured) or occurrences that may o	give rise to claims for the prior 3					
Date	e of Loss	Claims S Open/Cl							
			☐ Open ☐	Closed					
			☐ Open ☐	Closed					
					☐ Open ☐ Closed				
			☐ Open ☐ Closed						
	Open Closed								
Nan	ne of Prior/Current Carrier	<u> </u> :			T a Open a	Closed			
Cur	rent Annual Premium: \$								
			GENERAL INFORMATION						
					Yes	No			
1.	Has the applicant had sir	milar insurance declined, cand	celed, or non-renewed? (except Missour	i) If yes, why?					
2.	How many days have an	ny of the dwellings gone unins	ured prior to the requested effective date	e? number of days.					
3.	Has the applicant had a	past conviction for arson, frau	d, or other insurance-related offenses?						
4.	Has the applicant filed fo	or bankruptcy in the past 5 year	rs?						
5.	Are any dwellings in fore	closure or currently 60 days o	r more past due on mortgage payments	?					
6.	Is the applicant unemploy	yed, other than retired or disa	bled?						
7.	Has the applicant had an	ny other policies with Americar	n Modern?						
8.	Do you have risk manage	ement procedures/practices/fo	ormal maintenance program? If yes, de	scribe:					
9.	Is there a signed rental a	agreement with tenant?							
10.	Do you do a background	check on tenant?							
11.	Are tenants required to c	carry a tenants insurance polic	y?						
12.	Have any properties had	more than 3 tenants in last 3	years?						
		PROPE	RTY UNDERWRITING INFORM	ATION					
1.	If the property is located payments? (For Oklahor		applicant paid all fire protection associa	ation dues or subscriptions					
2.	non-conventional design	th home, dome home, open p? If yes, provide Bldg #s: se, are there 8 units or less in	ier, stilt home, row home, townhouse, co a row?	ondominium, or any other					
3.		ufactured home, or a modified a manufactured home comm	d manufactured home? If yes, provide B nunity?	ldg #s:					
4.			dent housing, or other similar occupanc	y? If yes, provide Bldg #s:					
5.	Do any dwellings have u	n-repaired damage or boarde	d-up windows? If yes, provide Bldg #s:						
6.	Do any dwellings have a	ny un-repaired water damage	or any water leaks? If yes, provide Bldg	] #s:					
7.		condemned? If yes, provide Eg municipal or fire code violat							
8.	· · · · · · · · · · · · · · · · · · ·		ed? If yes, what type? If no, please expla	ain:	_				
				Provide Bldg #s:					
9.		heating source used? If yes, pe space heaters used? If yes,							
10.	Do the dwellings currentl	ly have utilities such as natura	ıl gas, electric, or water? If no, please ex	<pre>cplain:</pre> <pre>Provide Bldg #s:</pre>	-				
11.	Is there an underground	fuel storage or underground f	uel tank on any premises? If yes, provid	e Bldg #s:					
12.	Do any dwellings have al	luminum wiring, knob and tub	e wiring? If yes, provide Bldg #s:						
13.	Are any dwellings under	construction or undergoing m	ajor renovation? If yes, provide Bldg #s:						
14.	Are any dwellings Vacan	t? If yes, provide Bldg #s:							
15.	Are any dwellings attache	ed to other, or converted from	a commercial building? If yes, provide I	Bldg #s:					
16.	Are any dwellings located	d in a landslide, forest fire, or	brush fire area? If yes, provide Bldg #s:						
17.	Are any dwellings in an a	area that is isolated, not acces	ssible by road? If yes, provide Bldg #s:						
18.	Do any dwellings have a	flat roof? If yes, provide Bldg	ı #s:						
19.	Does the dwelling have of	composite or asphalt shingles	layered over a wood or shake shingle ro	oof?					
20.	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?						
3.	Are any buildings undergoing renovations or reconstruction?		ļ				
	a. Cosmetic. If yes, provide Bldg #s:						
	b. Structural. If yes, provide Bldg #s:						
	If yes, please explain and provide estimated completion date:						
4.	Do you use independent Contractors?						
	If yes, do you obtain a certificate of insurance?						
5.	Are there working smoke detectors in all dwellings?						
	a. Hard Wired						
	b. Battery Operated						
6.	Is there a procedure in place to replace smoke detector batteries?						
7.	Do you have working Carbon Monoxide detectors?						
	a. Hard Wired						
	b. Battery Operated						
8.	Do you abide by all state tenant/landlord laws?						
9.	Do all steps/porches have properly secured handrails?						
10.	Is there outside egress from 3 <sup>rd</sup> floor? i.e. outside stairs, fire escape 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?   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?						
<del>-</del> -	a. By whom?						
5.	Is heat maintained?						
0.	Vacant Land - N/A □						
	Please respond to the following for Vacant Land						
1.	Any Real Estate Development activities?	Yes	No				
2.	Any water exposure?						
3.	Any Activities taking place, such as hunting, dirt bike/ATV riding, etc.?						
ļ-	a. If yes, to 1, 2 or 3, please explain:						
4.	Number of acres (refer to company)						
7.	Lessor's Risk Exposures - N/A 🗆						
	Please respond to the following for Lessor's Risk Exposures.						
1.	Does the tenant maintain liability coverage? If yes, Liability Limit \$	Yes	No				
2.	Do you obtain a certificate of insurance from tenant?						
3.	Are there any Commercial cooking exposures?						
ļ.,	a. If yes, please explain:						
$\vdash$	a. II yes, piease explain.						
			1				
	DIRECT BILL						
PA	YMENT OPTION - Select One:  One pay - Full Premium Required  Two pay - 50% down Four pay - 25% d	own					
At	Renewal Bill To: Applicant						
- "	rr ·····						
Ann	licable to New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for	insurance o	r statement				
of c	laim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material there	to, commits a	a fraudulent				
1	rrance 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	tor each suc	n violation.				
1	olicant's Signature:						