



303 Lennon Lane Walnut Creek, CA 94598  
(800) 955-8213 (925) 947-2990  
Fax (925) 947-3978 License#0812739  
[www.jebrown.net](http://www.jebrown.net)

## AMERICAN MODERN HOMEOWNERS SUBMISSION CHECKLIST

PLEASE ATTACH TO YOUR SUBMISSION

### To bind coverage your submission must include:

- Completed & signed American Modern HO-3 application\* or yr. 2000 or newer Acord Homeowners Application *and* American Modern Homeowners Acord Supplement\*  
\*use current application available at [www.jebrown.net](http://www.jebrown.net)
- At least 25% of the premium plus fees (On escrow closings payment must follow w/in 7 days)
- Replacement cost estimator
- Race, National Origin & Gender Form
- Submit photos for: all protection class 8-10 risks and risks with wood stoves

### Binding authority:

- Bound on postmark.    No fax binding.    Date of this mailing: \_\_\_\_\_

Applications must be completely filled out and signed by the agent and insured.  
Most frequently missed items are:

- Clearly stated coverages on the application
- Signature on the Earthquake Waiver ( pg2 application)
- Agent & Insured Signatures on the application

Submit **UNBOUND** (please mark application as “unbound”):

- Lapse of coverage over 30 days (include no loss letter & photos)
- Coverage A limits in excess of \$300,000 (photos)
- Prior water loss in excess of \$5,000 (submits with mold inspection\* & photos)  
\*mold inspection must include visual, surface, and air tests



AMERICAN MODERN INSURANCE GROUP

# CALIFORNIA HO-3 APPLICATION

Check Company Applicable:

077 American Modern Insurance

Policy Number

Use only at Direction of Company

Agency Number **0 1 4 1 3 5** PHONE: 925-947-2990, 800-955-8213 FAX: 925-947-3978

Subproducer Number       PHONE: ( ) FAX:

AGENCY NAME **J.E. BROWN & ASSOCIATES**

SUBPRODUCER NAME

ADDRESS 303 Lennon Lane

ADDRESS

CITY/STATE/ZIP Walnut Creek, CA 94598

CITY/STATE/ZIP

### BASIC INFORMATION / CLIENT INFORMATION

FIRST NAME MIDDLE INITIAL LAST NAME SS #: DOB:

MARITAL STATUS:

SECONDARY APPLICANT'S FIRST NAME MIDDLE INITIAL LAST NAME OCCUPATION: SS #:

LOCATION ADDRESS CITY STATE ZIP COUNTY DOB: OCCUPATION:

MAILING ADDRESS (If different than location) CITY STATE ZIP COUNTY APPLICANT'S HOME PHONE: ( ) WORK PHONE: ( )

Effective Date Dwelling Limit Purchase Date Purchase Price \$ Year Built Ft to Fire Hydrant Inside City Limits?  Yes  No

Protection Class:      **Two Photos, Clearly showing the front and back of the home, in protection class 8-10 are required.**

### ELIGIBILITY INFORMATION / VALUATION

Occupancy <input checked="" type="checkbox"/> Owner # Families <input type="checkbox"/> One <input type="checkbox"/> Two	Style of Home <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	Construction Type <input type="checkbox"/> Frame <input type="checkbox"/> Stucco or Asbestos <input type="checkbox"/> Brick Veneer <input type="checkbox"/> Brick / Masonry <input type="checkbox"/> Log	Square Footage of Home	Date Replaced: <input type="checkbox"/> Composition Shingle <input type="checkbox"/> Wood or Shake Shingle <input type="checkbox"/> Aluminum <input type="checkbox"/> Fiber Cement / Concrete	Roof Type <input type="checkbox"/> Slate <input type="checkbox"/> Steel <input type="checkbox"/> Tin <input type="checkbox"/> Other	Roof Slope <input type="checkbox"/> Flat <input type="checkbox"/> Pitched	Electric Type <input type="checkbox"/> Breaker Box <input type="checkbox"/> Fuse Box <input type="checkbox"/> Both Breaker Box and Fuse Box <input type="checkbox"/> Knob & Tube <input type="checkbox"/> Other
Type of Foundation <input type="checkbox"/> Open <input type="checkbox"/> Slab <input type="checkbox"/> Crawl Space <input type="checkbox"/> Partial Basement <input type="checkbox"/> Full Basement	If there is a Full or Partial Basement, is it: <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished <input type="checkbox"/> Partially Finished <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75%	Bathrooms # Full Baths # Half Baths	Fireplaces <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four	Central Air Conditioning <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Garage <input type="checkbox"/> Attached <input type="checkbox"/> Built-In <input type="checkbox"/> Attached Carport	Size of Garage <input type="checkbox"/> 1 Car <input type="checkbox"/> 2 Car <input type="checkbox"/> 3 Car <input type="checkbox"/> 4 Car	Porches / Decks Type <input type="checkbox"/> Open <input type="checkbox"/> Enclosed <input type="checkbox"/> Screened <input type="checkbox"/> Balcony / Deck

### COVERAGES, LIMITS & PREMIUMS

A. Dwelling	B. Other Strc. 10% Incl.	C. Personal Property 50% Incl.	D. Loss of Use 20% Incl.
E. Pers. Liab. \$100,000 Incl.	F. Med Pay \$1,000 Incl.	Deductible	Rating Territory

	Limit of Liability	Premium
<b>Dwelling Base Premium</b>	\$ _____	\$ _____
Personal Property	\$ _____	\$ _____
Other Structures	\$ _____	\$ _____
Loss of Use	\$ _____	\$ _____
Personal Liability	\$ _____	\$ _____
Medical Payments	\$ _____	\$ _____
Personal Property Replacement Cost	\$ _____	\$ _____
Deductible Change		\$ _____
Other:	\$ _____	\$ _____
Other:	\$ _____	\$ _____
<b>Credits/Surcharges</b>		
Age of Home		<input type="checkbox"/>
*Central Station Alarm (Fire or Burglar)	-5%	<input type="checkbox"/>
*Local Smoke and/or Burglar Alarm	-2%	<input type="checkbox"/>
*Dead Bolts, Smoke Alarm and Fire Extinguisher	-2%	<input type="checkbox"/>
Claims Surcharge/Discount (# of Claims _____)		<input type="checkbox"/>
Bankruptcy	+25%	<input type="checkbox"/>
		\$ _____
<b>Inspection Fee</b>		\$ <b>30.00</b>
<b>TOTAL POLICY PREMIUM</b>		\$ _____

**DOES THE APPLICANT:**

	YES	NO
Own any animal with bite history or vicious propensities?	<input type="checkbox"/>	<input type="checkbox"/>
Own any Dobermans, Chows, Rottweilers, Pit Bulls, Akitas, wolves or wolf hybrids or any mix of these breeds?	<input type="checkbox"/>	<input type="checkbox"/>
Own any ostriches, emus, horses or other livestock?	<input type="checkbox"/>	<input type="checkbox"/>
Own any other wild or exotic animals or pets? If yes, please explain. _____	<input type="checkbox"/>	<input type="checkbox"/>

**If any above questions are answered "yes", Animal Liability Exclusion is required.**

**DOES THE APPLICANT:**

	YES	NO
Have a swimming pool on the premises? If yes, is the pool enclosed by a fence at least 4 feet tall with a locking gate or can the steps and ladders to the pool be secured or removed when not in use?	<input type="checkbox"/>	<input type="checkbox"/>
Conduct any farming on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
Conduct any business on the premises? If yes, does the applicant have any employees associated with the business operation?	<input type="checkbox"/>	<input type="checkbox"/>

### LOSS INFORMATION

Has the applicant had any losses in the last three years?  
 Yes  No If yes, please provide Prior Loss History.

Date	Cause	Description	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Four or more losses are ineligible.

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

### UNDERWRITING INFORMATION

		YES	NO		YES	NO	
1.	Has applicant filed for bankruptcy in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	11.	Is the plumbing in good repair with no leaks?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Has the dwelling gone uninsured for more than 30 days immediately prior to the requested effective date?	<input type="checkbox"/>	<input type="checkbox"/>	12.	Is the dwelling an earth home, dome home, stilt home, row home, townhouse or condominium?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is the dwelling condemned?	<input type="checkbox"/>	<input type="checkbox"/>	13.	Is the dwelling of non-conventional design?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Has the applicant had similar insurance declined, canceled, or non-renewed?	<input type="checkbox"/>	<input type="checkbox"/>	14.	Is the dwelling a manufactured home, modified manufactured home or a modular home?	<input type="checkbox"/>	<input type="checkbox"/>
4a.	<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 _____			15.	Does the dwelling currently have utilities such as natural gas, electric, or water?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Name of prior carrier? _____ Exp. Date _____			16.	Is the dwelling under construction or undergoing major renovation?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Has the applicant had a past conviction for arson, fraud, or other insurance-related offenses?	<input type="checkbox"/>	<input type="checkbox"/>	17.	Is the dwelling attached to, occupied as, or converted from a commercial risk?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Is the dwelling held in the name of a corporation?	<input type="checkbox"/>	<input type="checkbox"/>	18.	Is the dwelling in foreclosure or currently 60 days or more past due on mortgage payments?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Is the primary heat source thermostatically controlled?	<input type="checkbox"/>	<input type="checkbox"/>	19.	Is the dwelling located in a landslide, forest fire, or brush fire area?	<input type="checkbox"/>	<input type="checkbox"/>
8a.	<i>If yes, what type?</i> <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil-Forced Air <input type="checkbox"/> Heat Pump <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Radiant Ceiling <input type="checkbox"/> Radiant Floor <input type="checkbox"/> Electric Wall Heaters <input type="checkbox"/> Other _____			20.	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"/>
9.	Does the dwelling have smoke detectors?	<input type="checkbox"/>	<input type="checkbox"/>	21.	Is the dwelling in an area that is isolated, not accessible by road?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Is there a supplemental heating source in the dwelling?	<input type="checkbox"/>	<input type="checkbox"/>	22.	Is there an underground fuel storage or underground fuel tank on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
10a.	If yes, was it installed by the manufacturer or a licensed contractor? If no, Supplemental Heat Source Questionnaire required.	<input type="checkbox"/>	<input type="checkbox"/>	23.	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"/>
10b.	Are kerosene or portable space heaters used in the dwelling?	<input type="checkbox"/>	<input type="checkbox"/>	24.	Has the applicant had any other policies with American Modern?	<input type="checkbox"/>	<input type="checkbox"/>

### LOSS PAYEE INFORMATION

<input type="checkbox"/> Lienholder / Mortgagee <input type="checkbox"/> Additional Insured Name _____ Address _____ City _____ Is Lienholder other than a financial institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	Loan Number _____ State _____ Zip _____
<input type="checkbox"/> Lienholder / Mortgagee <input type="checkbox"/> Additional Insured Name _____ Address _____ City _____ Is Lienholder other than a financial institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	Loan Number _____ State _____ Zip _____

### DIRECT BILLING INFORMATION

### REMARKS

Payment Option - Select one:	
<input type="checkbox"/> One Pay - Full Premium Required	<input type="checkbox"/> EFT *(Monthly debits from bank account.) Attach form #00220-08-G *
<input type="checkbox"/> Four Pay - 25% Down*	
New Business . . . Bill To:	At Renewal . . . Bill To:
<input type="checkbox"/> Applicant <input type="checkbox"/> Mortgagee #1	<input type="checkbox"/> Applicant <input type="checkbox"/> Mortgagee #1
<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express Card#: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Expiration Date: _____ Amount to be Charged \$ _____ Name on Card: _____	
<b>Down Payment</b>	\$ _____
<b>Installment Fee</b>	\$ _____
<b>Amount Enclosed</b>	\$ _____
<b>Company Use Only</b>	\$ _____

TWO PHOTOS, CLEARLY SHOWING THE FRONT AND BACK OF THE HOME, IN PROTECTION CLASS 8-10 ARE REQUIRED.

### BINDER PROVISIONS

Eligible submissions accompanied by fully completed applications and all required supplemental forms will be bound on requested effective date if postmarked within 72 hours of the requested effective date.

### 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:

### IMPORTANT NOTICE

As a part of our underwriting procedure, a routine inquiry may be made which will provide information concerning character, general reputation, personal and financial characteristics and mode of living. Information on the nature and scope of such a report, if one is made, will be provided upon written request. 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.

Applicant's Signature <input checked="" type="checkbox"/>	Date _____
Agent's Name (Please Print) _____	
Agent's Signature _____	License No. _____ Date _____

# 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:

	<b>Applicant</b>			<b>Co-Applicant</b>		
	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:**  
 service@amig.com

**Mail To:**  
 American Modern Insurance Group  
 PO Box 5323  
 Cincinnati, Ohio 45201  
 Attn: 4th Floor Document Control