



American Modern HOMEOWNERS H03 Worksheet

THIS IS NOT AN APPLICATION

BASIC INFORMATION / CLIENT INFORMATION

FIRST NAME	MIDDLE INITIAL	LAST NAME	SS #:	DOB:
			EMPLOYER:	
			OCCUPATION:	
SECONDARY APPLICANT'S FIRST NAME	MIDDLE INITIAL	LAST NAME	SS #:	DOB:
			OCCUPATION:	
LOCATION ADDRESS	CITY	STATE	ZIP	COUNTY
			HOME PHONE: ()	
			WORK PHONE: ()	
MAILING ADDRESS (If different than location)	CITY	STATE	ZIP	COUNTY
PRIMARY INSURED'S MARITAL STATUS:				
Effective Date	Policy Term in Months	Dwelling Limit	Purchase Date /	Purchase Price \$
			Year Built	Feet to Fire Hydrant
			Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	*Protection Class

ELIGIBILITY INFORMATION / VALUATION

Occupancy <input checked="" type="checkbox"/> Owner # Families <input type="checkbox"/> One <input type="checkbox"/> Two	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 <input type="checkbox"/> Hand Hewn Log	Roof Type Date Replaced: _____ <input type="checkbox"/> Composition Shingle <input type="checkbox"/> Wood or Shake Shingle <input type="checkbox"/> Aluminum <input type="checkbox"/> Fiber Cement / Concrete	<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 _____	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	Square Footage of Home	
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	Square Feet _____

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
Dwelling Base Premium		Limit of Liability	
Personal Property \$ _____		Personal Property \$ _____	
Other Structures \$ _____		Other Structures \$ _____	
Loss of Use \$ _____		Loss of Use \$ _____	
Personal Liability \$ _____		Personal Liability \$ _____	
Medical Payments \$ _____		Medical Payments \$ _____	
Personal Property Repl. Cost \$ _____		Personal Property Repl. Cost \$ _____	
Deductible Change		Deductible Change	
Other: \$ _____		Other: \$ _____	
Credits/Surcharges			
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"/>	
Inspection Fee			

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How many dwellings are owned by the insured? _____

Is there any unrepaired damage or boarded-up windows?
 Yes No

NOTES

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UNDERWRITING INFORMATION

	YES	NO		YES	NO
1. Has applicant filed for bankruptcy in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	12. Is the primary heat source thermostatically controlled?	<input type="checkbox"/>	<input type="checkbox"/>
2a. Does the applicant own any animal with bite history or vicious propensities?	<input type="checkbox"/>	<input type="checkbox"/>	12a. <i>If yes, what type?</i>		
2b. Does the applicant own any Dobermans, Chows, Rottweilers, Pit Bulls, Akitas, wolves or wolf hybrids or any mix of these breeds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil-Forced Air <input type="checkbox"/> Heat Pump		
2c. Does the applicant own any other wild or exotic animals, farm animals or horses? If yes, please explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Radiant Ceiling <input type="checkbox"/> Radiant Floor		
3. Is there a swimming pool on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Electric Wall Heaters <input type="checkbox"/> Other _____		
3a. 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"/>	13. Does the dwelling have smoke detectors?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there any farming conducted on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	14. Is there a supplemental heating source used?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there any business conducted on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	15. Are kerosene or portable space heaters used?	<input type="checkbox"/>	<input type="checkbox"/>
5a. If yes, does the applicant have any employees associated with the business operation?	<input type="checkbox"/>	<input type="checkbox"/>	16. Does the dwelling have any unrepaired water damage or any water leaks?	<input type="checkbox"/>	<input type="checkbox"/>
6. How many days has the dwelling gone uninsured immediately prior to the requested effective date? _____			17. Is the dwelling an earth home, dome home, open pier, stilt home, row home, townhouse, condominium, or any other non-conventional design?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the dwelling condemned?	<input type="checkbox"/>	<input type="checkbox"/>	18. Is the dwelling a manufactured home, or a modified manufactured home?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the applicant had similar insurance declined, canceled, or non-renewed?	<input type="checkbox"/>	<input type="checkbox"/>	19. Does the dwelling currently have utilities such as natural gas, electric, or water?	<input type="checkbox"/>	<input type="checkbox"/>
8a. <i>If yes, why?</i>			20. Is the dwelling under construction or undergoing major renovation?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Excess losses <input type="checkbox"/> Large losses <input type="checkbox"/> Failure to pay premium			21. Is the dwelling attached to, occupied as, or converted from a commercial risk?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Physical Hazards <input type="checkbox"/> Carrier no longer writes in the state			22. Is the dwelling in foreclosure or currently 60 days or more past due on mortgage payments?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Carrier no longer writes this type of business			23. Is the dwelling located in a landslide, forest fire, or brush fire area?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Applicant no longer belongs to association or group			24. 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"/>
<input type="checkbox"/> Other _____			25. Is the dwelling in an area that is isolated, not accessible by road?	<input type="checkbox"/>	<input type="checkbox"/>
9. Name of prior carrier? _____ Exp. Date _____			26. Is there an underground fuel storage or underground fuel tank on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has the applicant had a past conviction for arson, fraud, or other insurance-related offenses?	<input type="checkbox"/>	<input type="checkbox"/>	27. 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"/>
11. Is the dwelling held in the name of a corporation?	<input type="checkbox"/>	<input type="checkbox"/>	28. Has the applicant had any other policies with American Modern?	<input type="checkbox"/>	<input type="checkbox"/>

LOSS PAYEE INFORMATION

Lienholder / Mortgagee Additional Insured (Please List Contract Seller as Additional Insured.)

Name _____ Loan Number _____

Address _____ City _____ State _____ Zip _____

Is Lienholder other than a financial institution? Yes No

Lienholder / Mortgagee Additional Insured

Name _____ Loan Number _____

Address _____ City _____ State _____ Zip _____

Is Lienholder other than a financial institution? Yes No

REMARKS

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