



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

AMERICAN MODERN DWELLING FIRE SUBMISSION BY MAIL CHECKLIST

PLEASE ATTACH TO YOUR SUBMISSION

To bind coverage your submission must include:

- Completed & signed American Modern Dwelling Fire application* or Acord Dwelling Fire form with American Modern Dwelling Fire Acord Supplement*
*use current application available at www.jebrown.net
- Downpayment (unless close of escrow)
- Replacement cost estimator

Binding authority:

- Bound if postmarked w/in 72 hrs. of signature date. 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:

- Program desired – DP1/DP3/Vacant/Vacant Manufactured Home
- Date roof replaced
- Occupancy – “If Rental” questions regarding tenants
- Question 8 on back page
- Question 10 on back page
- Occupation of insured

No loss letter, photos, and explanation required for risks uninsured for more than 90 days.



MERICAN MODERN INSURANCE COMPANY

CALIFORNIA DWELLING APPLICATION

Check Program Applicable:

- EZChoiceD1 (DP-1)
EZChoiceVacant
Vacant Manufactured Home
EZChoiceD3 (DP-3)

Policy Number

Use only at Direction of Company

Agency Number 014135 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 OCCUPATION

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

LOCATION ADDRESS CITY STATE ZIP COUNTY HOME PHONE

MAILING ADDRESS (If different than location) CITY STATE ZIP COUNTY WORK PHONE

Table with columns: Effective Date, Policy Term in Months, Dwelling Limit, Purchase Date, Purchase Price, Year Built, Feet to Fire Hydrant, Inside City Limits?, Protection Class

ELIGIBILITY INFORMATION

Occupancy, # Families, Style of Home, Construction Type, Square Footage, Roof Type, Electric Type

IF RENTAL: How many of the applicant's rental dwellings are insured with AMIG? Is the dwelling occupied as a fraternity, sorority, student housing, or other similar occupancy?

IF VACANT- Date the dwelling became vacant? Reason for Vacancy: IF VACANT MANUFACTURED HOME, Please List: Length/Width, Make, Model, Serial #

Type of Foundation, Bathrooms, Fireplaces, Central Air Conditioning, Garages, Size of Garage, Porches / Decks

DOES THE APPLICANT OWN ANY: Own any animal with bite history... DOES THE APPLICANT- Have a swimming pool on the premises?

COVERAGES, LIMITS & PREMIUMS

LOSS INFORMATION

Table with columns: Coverages, Limit of Liability, Premium. Includes Dwelling Base Premium, Personal Property, etc.

Has the applicant had any losses in the last three years? Table with columns: Date, Cause, Description, Amount

*TWO PHOTOS, CLEARLY SHOWING THE FRONT AND BACK OF THE HOME, IN PROTECTION CLASS 8-10 ARE REQUIRED. TWO PHOTOS, REGARDLESS OF PROTECTION CLASS (PC 1-10), ARE REQUIRED IN THE VACANT PROGRAM.

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:

	Applicant			Co-Applicant		
	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