

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:

- <u>Program desired</u> 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		Check Program Applicable: EZChoiceD1 (DP-1)				
		ant	Number	icy mber		
DWELLING APPLICATION	actured Home P-3)	Use or	nly at Dire	ction of Compar	ıy	
Agency Number 0 1 4 1 3 5 FAX: 925-94	47-2990, 800-955-8213 17-3978	Subproducer Number			PHONE:	
AGENCY NAME J.E. BROWN & ASSOCIATES						
ADDRESS 303 Lennon Lane		ADDRESS				
CITY/STATE/ZIP Walnut Creek, CA 94598		CITY/STATE/ZIP				
	NFORMATION /	CLIENT INFORM				
FIRST NAME MIDDLE INITIAL L	AST NAME		SS #- DOB:			
				UPATION:		
SECONDARY APPLICANT'S FIRST NAME MIDDLE IN	IITIAL LAST NAME		SS #-			
			DOB:			
	STATE ZIP		OCCI	JPATION:		
LOCATION ADDRESS CITY	STATE ZIP	COUNTY	НОМ	E PHONE:		
MAILING ADDRESS (If different than location) CITY	STATE ZIF	COUNTY	WOR	K PHONE:		
Effective Date Policy Term Dwelling Lim	t Purchase Date	Purchase Price	Year Built	Feet to	Inside City Limits	
in Months		\$	F	Fire Hydrant	Yes 🛛 No	Class
	FLIGIBILITY I	NFORMATION				
Occupancy # Families Style of Home Construe	ction Type Square		Roof Typ	e		Electric Type
Owner One 1 Story Frame	Footage	Date Replaced:			ion Shingle	Circuit Breaker
	or Asbestos of Home	e ☐ Slate ☐ Wood or Shake		Tile 🛛 Steel 🔾		Fuse Box
Vacant Four 2 1/2 Story District (eneer Aasonry	Aluminum		Tar & Gra		Partial
Dwelling Bi-level Bi-level Dwelling Tri-level Log	hasoniy	□ Fiber Cement /	Concrete	Other		Knob & Tube Other
- IF RENTAL: How many of the applicant's rental dw	ellings are insured with	AMIG? 🖸 1-4		10 or more		
Is the dwelling occupied as a fraternity, sorority, stud IF VACANT- Date the dwelling became vacan		similar occupancy?			e List:	
Reason for Vacancy: D Pending Sale D Between	Tenancy		ake	Model	Serial #	
Under Renovation Job Transfer Estate	Other					
Type of Foundation Bathroo	Fireplaces Ce	entral Air Garage		of Garage	Porches / Type	Decks Square Feet
Slab Basement, is it:		nditioning Type of Ga	-	l Car 2 Car	Open	·
Crawl Space Erinished Half Basement Unfinished # Half Basement	Ale a Theorem	res D Built-I		2 Car 3 Car	 Enclosed Screened Pati 	0
Full Basement Partially Finished	Four	No Carpo		4 Car	Balcony / Dec	k
DOES THE APPLICANT OWN ANY:		DOES THE APPLICA	NT-		YES	No
Own any animal with bite history or vicious propensities		Have a swimming po				
Dobermans, Chows, Rottweilers, Pit Bulls, Akitas, wolv or wolf hybrids or any mix of these breeds?		If yes, is the pool e tall with a locking of				
Ostriches, emus, horses or other livestock?		the pool be secure	ed or remove	d when not	in use?	
Other wild or exotic animals or pets?		Conduct any farming Conduct any busines				
If yes, please explain		If yes, does the ap			vees	-
		associated with the				
COVERAGES, LIMITS & PREM			LOS	S INFORI	MATION	
Limit of Liab Coverages	ility Premium	Has the applica	ant had any le	osses in the	a last three years?	
Dwelling Base Premium \$	\$	_ 🛛 Yes 🖵 No	o If yes,	please prov	vide Prior Loss Hist	ory.
Personal Property \$		Date	Cause	De	scription	Amount
Increased Adjacent Structures \$ Personal Liability \$	•					
Premises Liability \$	\$					
Increased Medical Payments	\$					
Additional Living Expense \$	\$ \$					
Other	\$					
Credits I Surcharges *Deductible Change-Percentage Amount	+/-			ben or any t	Inrepaired damage	e ciairíis ?
*Other	+/	-%				
*Other	+/-				G THE FRONT A	
* Apply Credit to Coverages A, B and/or C, refer to Rate Manual	for rating method.				LASS 8-10 ARE R PROTECTION CL	
TOTAL POLICY PREM	IUM \$				ACANT PROGRA	

DWAPPnb-CA-JEB (05/03)

UNI	DERW	RITIN	IG INFORMATION		
	YES	NO		YESI	NO
 Has applicant filed for bankruptcy in the past 5 years? Has the dwelling gone uninsured for more than 30 days 			10b. Are kerosene or portable spare heaters used in the dwelling?		
immediately prior to the requested effective date?			11. Is the plumbing in good repair with no leaks?		
 Is the dwelling condemned? Has the applicant had similar insurance declined, 	-		12. Is the dwelling an earth home, dome home, stilt home, row home, townhouse or condominium?		
canceled, or non-renewed?			13. Is the dwelling of non-conventional design?		ū
4a. If yes, why? Excess losses Large losses Failure to pay p	oremium		14. Is the dwelling a manufactured home, modified		
Physical Hazards Carrier no longer writes in the			manufactured home or a modular home? 15. Does the dwelling currently have utilities such as	-	L
 Carrier no longer writes this type of business Applicant no longer belongs to association or group 			natural gas, electric, or water?		
Other 5. Name of prior carrier? Exp. Da	ato		16. Is the dwelling under construction or undergoing major renovation?		
 6. Has the applicant had a past conviction for arson, fraud, or other insurance-related offenses? 			17. Is the dwelling attached to, occupied as, or converted from a commercial risk?		
 Is the dwelling held in the name of a corporation? 			18. Is the dwelling in foreclosure or currently 60 days or more past due on mortgage payments?		
8. Is the primary heat source thermostatically controlled? 8a. If yes, what type?			19. Is the dwelling located in a landslide, forest fire, or brush		-
Gas Electric Oil-Forced Air Heat Pump			fire area?		
 Electric Baseboard Radiant Ceiling Radiant F Electric Wall Heaters Other 	Floor		20. Is the dwelling located within 1,000 feet of rising water or in an area that is prone to flooding?		
9. Does the dwelling have smoke detectors?			21. Is the dwelling in an area that is isolated, not accessible		
10. Is there a supplemental heating source in the dwelling?			by road? 22. Is there an underground fuel storage or underground		
10a. If yes, was it installed by the manufacturer or a			fuel tank on the premises?		
licensed contractor? If no, Supplemental Heat Source Questionnaire is require	ed.		 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?		
LC	DSS PA	AYEE	INFORMATION		
Lienholder / Mortgagee Additional Insured					
Name			Loan Number		
Address Is Lienholder other than a financial institution?		_ City	State Zip		
Lienholder / Mortgagee Additional Insured					
			Loan Number		
Address Is Lienholder other than a financial institution?	<u></u>	City_	State Zip		
	NO		REMARKS		
DIRECT BILLING INFORMATION Payment Option - Select one:			REMARKS		
One Pay - Full Premium Required Four Pay - 25% Do	own*				
EFT *(Monthly debits from bank account.)					
Attach form #00220-08-G *(N/A Vacant) New Business Bill To: At Renewal Bill To:					
Applicant Mortgagee #1 Applicant Mo	ortgagee	#1			
MasterCard Visa Discover America Card#:	an Expre	SS			
Expiration Date: Amount to be Charged \$ Name on Card:					
Down Payment \$					
Installment Fee \$			-TWO PHOTOS, CLEARLY SHOWING THE FRONT AND BA	CK OF	
Amount Enclosed \$			THE HOME, IN PROTECTION CLASS 8-10 ARE REQUIRED	. TWO	
Company Use Only \$			PHOTOS, REGARDLESS OF PROTECTION CLASS (PC 1-10 REQUIRED IN THE VACANT PROGRAM.), ARE	
			AKE WAIVER		
	EART	HQU	AKE WAIVER		
			Policy will not provide coverage against the peril of Earthquake. In accordance	with Calif	ornia
Law, Earthquake Coverage was offered to me at an additional cost.	hat my ins			with Calif	ornia
	hat my ins GE: X	surance	policy will not provide coverage against the peril of Earthquake. In accordance	with Calif	ornia
Law, Earthquake Coverage was offered to me at an additional cost.	hat my ins GE: X IMP(surance DRTA	policy will not provide coverage against the peril of Earthquake. In accordance		
Law, Earthquake Coverage was offered to me at an additional cost. I REJECT THE OFFER FOR EARTHQUAKE COVERAC As a part of our underwriting procedure, a routine inquiry may be made w and mode of living. information on the nature and scope of such a report	that my ins GE: X IMPC which will p rt, if one is informatic	DRTA provide s made, on to a	Policy will not provide coverage against the peril of Earthquake. In accordance ANT NOTICE Information concerning character, general reputation, personal and financial cl , will be provided upon written request. You are or may be violating state law on a ninsurance company for the purpose or intent of defrauding the company. P	haracteris or commi	stics
Law, Earthquake Coverage was offered to me at an additional cost. I REJECT THE OFFER FOR EARTHQUAKE COVERAC As a part of our underwriting procedure, a routine inquiry may be made w and mode of living. Information on the nature and scope of such a repor a crime knowingly to provide false, incomplete or misleading material	hat my ins GE: X IMPC which will p rt, if one is informatic bject you	DRTA provide s made, on to a to civil	ANT NOTICE information concerning character, general reputation, personal and financial cl will be provided upon written request. You are or may be violating state law on n insurance company for the purpose or intent of defrauding the company. P damages.	haracteris or commi	stics
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CALIFORNIA DEPARTMENT OF INSURANCE RACE, NATIONAL ORIGIN & GENDER FORM

Company:	Check One		AFH Insurand American Mo		y (070) ance Compan	ny (077)			
Policy Number:						(New Business	<u>Only)</u>		
	n is requested b s are requested	-					s complia	nce with the	e law.
	be separated f all be used for								uch
Applicant's Nam	ne and Address	(to be	e provided in a	order to ref	er back to the	e applicant)			
Name:									
Street:									
City:				Sta	ate: <u>CA</u>	Zip Code	e:		
Application Ty	pe: (Place an ")	K" in t	he box corres	sponding t	o the line of b	usiness this po	olicy falls	under)	
	Dwelling		F	lomeowne	ers 🗌	Mobi	le Home		
		Мо	tor Home]	Мс	otorcycle			
If policyholder of	does not wish to	provi	de the Depar	tment of Ir	surance with	this information	on, please	check here	. 🗖
Check the Race	e or National Ori	gin a	s it applies to	the Applic	ant:				
			Male	Applicar Female	it Business	C Male	o-Applic Female	ant Business	
African-America	in								
American India	n or Alaskan Nat	ive							
Asian / Pacific I	slander								
Latino									
White									
Other									

After completion, please submit via fax, e-mail or mail to the following:

Fax: 1-800-217-5150	E-mail:	Mail To:
Attention: 4th Floor Document Control	service@amig.com	American Modern Insurance Group
		PO Box 5323

Cincinnati, Ohio 45201 Attn: 4th Floor Document Control