

AMERICAN MODERN SELECT INSURANCE COMPANY INDIANA DWELLING APPLICATION	Check Program Applicable: <input type="checkbox"/> D1 (DP-1) <input type="checkbox"/> D3 (DP-3) <input type="checkbox"/> Vacant <input type="checkbox"/> Vacant Manufactured Home <input type="checkbox"/> Vacant Condominium	Policy Number Use only at Direction of Company
--	--	--

Agency Number 0 1 9 5 9 5	CALL 800-342-5706 FAX 800-578-7758
Subproducer Number 	PHONE: () FAX:
AGENCY NAME Surplus Insurance Brokers Agency Inc	SUBPRODUCER NAME
ADDRESS P O Box 749, South Bend IN 46624-0749	ADDRESS
EMAIL QUOTES submit@surplusins.com	CITY/STATE/ZIP

BASIC INFORMATION / CLIENT INFORMATION

FIRST NAME MIDDLE INITIAL LAST NAME	SS #:	DOB:
SECONDARY APPLICANT'S FIRST NAME MIDDLE INITIAL LAST NAME		
EMPLOYER:		
OCCUPATION:		
SS #:		
DOB:		
OCCUPATION:		
APPLICANT'S HOME PHONE: () WORK PHONE: ()		
PRIMARY INSURED'S MARITAL STATUS:		
LOCATION ADDRESS CITY STATE ZIP COUNTY	EFFECTIVE DATE:	
MAILING ADDRESS (If different than location) CITY STATE ZIP COUNTY	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

Occupancy <input type="checkbox"/> Owner <input type="checkbox"/> Rental <input type="checkbox"/> Seasonal <input type="checkbox"/> Vacant <input type="checkbox"/> Dwelling <input type="checkbox"/> Mobile Home <input type="checkbox"/> Condominium	# Families <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four	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 Roof Slope <input type="checkbox"/> Slate <input type="checkbox"/> Roll Roofing <input type="checkbox"/> Steel <input type="checkbox"/> Tar & Gravel <input type="checkbox"/> Tin <input type="checkbox"/> Tile <input type="checkbox"/> Other <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	Sq. Ft. of Home
IF RENTAL: How many of the applicant's rental dwellings are insured with AMIG? <input type="checkbox"/> 1-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10 or more Is the dwelling occupied as a fraternity, sorority, student housing, or other similar occupancy? <input type="checkbox"/> Yes <input type="checkbox"/> No						

IF VACANT: Date the dwelling became vacant? _____ Reason for Vacancy: <input type="checkbox"/> Pending Sale <input type="checkbox"/> Between Tenancy <input type="checkbox"/> Under Renovation <input type="checkbox"/> Job Transfer <input type="checkbox"/> Estate <input type="checkbox"/> Other	IF VACANT MANUFACTURED HOME, Please List: Length/Width Make Model Serial #
--	---

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 Square Feet Type <input type="checkbox"/> Open <input type="checkbox"/> Enclosed <input type="checkbox"/> Screened Patio <input type="checkbox"/> Balcony / Deck
---	---	---	---	---	---	--	---

LOSS INFORMATION COVERAGES, LIMITS & PREMIUMS

Has the applicant had any losses in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide Prior Loss History.	<table style="width:100%;"> <tr> <th style="width:60%;">Coverages</th> <th style="width:20%;">Limit of Liability</th> <th style="width:20%;">Premium</th> </tr> <tr> <td>Dwelling Base Premium</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Personal Property</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Increased Adjacent Structures</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Personal Liability</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Premises Liability</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Increased Medical Payments</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>*Deductible Change - Dollar Amount</td> <td>\$ _____</td> <td>+/- \$ _____</td> </tr> <tr> <td>Additional Living Expense</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Vandalism & Malicious Mischief (Must be same as Coverage A Limit)</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Inspection Fee</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Other _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Other _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Credits / Surcharges</td> <td></td> <td></td> </tr> <tr> <td>*Deductible Change-Percentage Amount</td> <td>\$ _____</td> <td>+/- _____ %</td> </tr> <tr> <td>*Other _____</td> <td>\$ _____</td> <td>+/- _____ %</td> </tr> <tr> <td>*Other _____</td> <td>\$ _____</td> <td>+/- _____ %</td> </tr> </table>	Coverages	Limit of Liability	Premium	Dwelling Base Premium	\$ _____	\$ _____	Personal Property	\$ _____	\$ _____	Increased Adjacent Structures	\$ _____	\$ _____	Personal Liability	\$ _____	\$ _____	Premises Liability	\$ _____	\$ _____	Increased Medical Payments	\$ _____	\$ _____	*Deductible Change - Dollar Amount	\$ _____	+/- \$ _____	Additional Living Expense	\$ _____	\$ _____	Vandalism & Malicious Mischief (Must be same as Coverage A Limit)	\$ _____	\$ _____	Inspection Fee	\$ _____	\$ _____	Other _____	\$ _____	\$ _____	Other _____	\$ _____	\$ _____	Credits / Surcharges			*Deductible Change-Percentage Amount	\$ _____	+/- _____ %	*Other _____	\$ _____	+/- _____ %	*Other _____	\$ _____	+/- _____ %
Coverages	Limit of Liability	Premium																																																		
Dwelling Base Premium	\$ _____	\$ _____																																																		
Personal Property	\$ _____	\$ _____																																																		
Increased Adjacent Structures	\$ _____	\$ _____																																																		
Personal Liability	\$ _____	\$ _____																																																		
Premises Liability	\$ _____	\$ _____																																																		
Increased Medical Payments	\$ _____	\$ _____																																																		
*Deductible Change - Dollar Amount	\$ _____	+/- \$ _____																																																		
Additional Living Expense	\$ _____	\$ _____																																																		
Vandalism & Malicious Mischief (Must be same as Coverage A Limit)	\$ _____	\$ _____																																																		
Inspection Fee	\$ _____	\$ _____																																																		
Other _____	\$ _____	\$ _____																																																		
Other _____	\$ _____	\$ _____																																																		
Credits / Surcharges																																																				
*Deductible Change-Percentage Amount	\$ _____	+/- _____ %																																																		
*Other _____	\$ _____	+/- _____ %																																																		
*Other _____	\$ _____	+/- _____ %																																																		

LOSS SETTLEMENT INFORMATION (DP-3 ONLY) <input type="checkbox"/> ACV (Insure to Market Value excluding land) <input type="checkbox"/> Replacement Cost (Insure to 100% of Replacement Cost)	*Apply Credit to Coverages A, B and/or C, refer to Rate Manual for rating method. TOTAL POLICY PREMIUM \$
--	---

DIRECT BILL INFORMATION

PAYMENT OPTION - Select One: <input type="checkbox"/> One pay - Full Premium Required <input type="checkbox"/> Four pay - 25% down* <input type="checkbox"/> Ten pay - 16.3% down* <input type="checkbox"/> E-Z Pay *(EFT - Monthly debits from bank account.) Attach form #00220-08-G*(N/A Vacant)	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express Card#: - - - Expiration Date: _____ Amount to be Charged \$ _____ Name on Card: _____	Down Payment \$ _____ Installment Fee \$ _____ Amount Enclosed \$ _____
New Business Bill To: <input type="checkbox"/> Applicant <input type="checkbox"/> Mortgagee #1 At Renewal Bill To: <input type="checkbox"/> Applicant <input type="checkbox"/> Mortgagee #1		Co. Use Only \$ _____

UNDERWRITING INFORMATION

	YES	NO		YES	NO
1. Has applicant filed for bankruptcy in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Radiant Ceiling <input type="checkbox"/> Radiant Floor		
2a. Does the applicant own any animal with bite history or vicious propensities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Electric Wall Heaters <input type="checkbox"/> Other _____		
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"/>	13. Does the dwelling have smoke detectors?	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	14. Is there a supplemental heating source used?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there a swimming pool on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	15. Are kerosene or portable space heaters used?	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	16. Does the dwelling have any unrepaired water damage or any water leaks?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there any farming conducted on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	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"/>
5. Is there any business conducted on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	18. Is the dwelling a manufactured home, or a modified manufactured home?	<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"/>	19. Does the dwelling currently have utilities such as natural gas, electric, or water?	<input type="checkbox"/>	<input type="checkbox"/>
6. How many days has the dwelling gone uninsured immediately prior to the requested effective date? _____			20. Is the dwelling under construction or undergoing major renovation?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the dwelling condemned?	<input type="checkbox"/>	<input type="checkbox"/>	21. Is the dwelling attached to, occupied as, or converted from a commercial risk?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the applicant had similar insurance declined, canceled, or non-renewed? 8a. If yes, why? <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 _____	<input type="checkbox"/>	<input type="checkbox"/>	22. Is the dwelling in foreclosure or currently 60 days or more past due on mortgage payments?	<input type="checkbox"/>	<input type="checkbox"/>
9. Name of prior carrier? _____ Exp. Date _____			23. Is the dwelling located in a landslide, forest fire, or brush fire area?	<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"/>	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"/>
11. Is the dwelling held in the name of a corporation?	<input type="checkbox"/>	<input type="checkbox"/>	25. Is the dwelling in an area that is isolated, not accessible by road?	<input type="checkbox"/>	<input type="checkbox"/>
12. Is the primary heat source thermostatically controlled? 12a. If yes, what type? <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil-Forced Air <input type="checkbox"/> Heat Pump	<input type="checkbox"/>	<input type="checkbox"/>	26. Is there an underground fuel storage or underground fuel tank on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
			27. Has the applicant had any other policies with American Modern?	<input type="checkbox"/>	<input type="checkbox"/>
			28. Will the dwelling be used for Short Term Rental? 28a. Will the lease term be less than 3 months?	<input type="checkbox"/>	<input type="checkbox"/>
			29. Does the insured live within 100 miles of the property?	<input type="checkbox"/>	<input type="checkbox"/>
			30. Is the property managed by a Property Manager?	<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

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. In connection with this application for insurance, we may review your credit report or obtain or use a credit based insurance score based on the information contained in that credit report. We may use this information to decide whether to insure you or how much to charge. We may use a third party in connection with the development of your insurance score.

BINDER PROVISIONS

If the application indicates coverage is bound, then such insurance as is afforded by this binder is subject to the declarations, conditions, exclusions and other terms of the applicable policy form as is used by the company in the state where the risk is located. This binder shall expire 10 days from the effective date or it shall terminate: (1) immediately on notice of cancellation by the named insured or the company, or (2) on its effective date if replaced by a policy with an effective date the same day as that of the binder. If this binder is not replaced by a policy, a premium shall be charged for the period the binder is in effect.

Is Coverage Bound? Yes No

Applicant's Signature _____ Date _____

Agent's Name (Please Print) _____

Agent's Signature _____ License No. _____ Date _____