



- AMERICAN MODERN HOME
- AMERICAN FAMILY HOME
- AMERICAN SOUTHERN HOME
- AMERICAN MODERN LLOYDS
- AMERICAN MODERN SURPLUS LINES
- AMERICAN MODERN INSURANCE
- CONSUMER COUNTY MUTUAL INSURANCE

*(Please attach Fraud Warning Notices,
form # FRWR-APP-COMM (08/12).*

| APPLICANT INFORMATION | | | | AGENT INFORMATION | | | |
|---|--|------------|--|-------------------|------------------------|-----------|--|
| NAMED INSURED | | | | AGENT CODE # | | LICENSE # | |
| MAILING ADDRESS | | | | AGENT NAME | | | |
| CITY, STATE, ZIP | | | | AGENT ADDRESS | | | |
| REQUESTED POLICY PERIOD | EFFECTIVE | EXPIRATION | <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL | | AGENT CITY, STATE, ZIP | | |
| <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION | <input type="checkbox"/> LIMITED CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> OTHER | SIC | FEDERAL ID # | CONTACT | PHONE (A/C, NO. EXT.) | | |
| YEARS IN BUSINESS: _____ <input type="checkbox"/> NEW ENTITY (Attach Financials, Summary of Experience) | | | | | WEB SITE ADDRESS: | | |

| COVERAGES | | |
|---|--|--|
| POLICY FORM REQUESTED: <input type="checkbox"/> COMPREHENSIVE <input type="checkbox"/> NAMED PERILS EXCLUDED PERILS: <input type="checkbox"/> Wind / Hail Exclusion <input type="checkbox"/> Flood Exclusion | DEDUCTIBLE: <input type="checkbox"/> \$250 per unit / \$1,250 per occurrence aggregate <input type="checkbox"/> \$500 per unit / \$2,500 per occurrence aggregate <input type="checkbox"/> \$1,000 per unit / \$5,000 per occurrence aggregate <input type="checkbox"/> \$2,500 per unit / \$12,500 per occurrence aggregate <input type="checkbox"/> \$5,000 per unit / \$25,000 per occurrence aggregate <input type="checkbox"/> \$10,000 per unit / \$50,000 per occurrence aggregate | <input type="checkbox"/> Collision Deductible "Units" <input type="checkbox"/> \$500 <input type="checkbox"/> \$1000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> Theft Deductible "BPP" <input type="checkbox"/> \$1000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> Theft Deductible <input type="checkbox"/> \$1000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 If hauling, complete Collision Supplement: CPD-ACS-APP |

| OPTIONAL COVERAGES | |
|--|---|
| <input type="checkbox"/> False Pretense <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$175,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$700,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$225,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$125,000 <input type="checkbox"/> \$275,000 <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$300,000 | <input type="checkbox"/> Additional Debris Removal \$ _____ Limit |

| PREMIUM BASIS | | |
|--|---|---|
| <input type="checkbox"/> Non-Reporting | <input type="checkbox"/> Reporting Monthly with Annual Adjustment | <input type="checkbox"/> Reporting Monthly with Monthly Premium |

| UNDERWRITING INFORMATION | | |
|--|------------------------------|-----------------------------|
| • Do you sell motorized units? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Does your radius of operations extend beyond 200 miles? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Do you haul your own units? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • What percentage of units are consigned / repossessed? _____ % | | _____ % of sales |
| • Are any open lot exposures within .6 miles also insured by AMIG ? Describe: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Are any locations within 500 feet of any water exposure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Has any location flooded in the past 10 years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • _____ % New Units | | |
| • _____ % Used Units | | |

LOCATION SCHEDULE

ADDRESS (Street, City, County, State, Zip Code)

Blanket Limit

| Loc # | Address | Mobile Home Units | Recreational Vehicle Units | Motorcycle / ATV | Business Personal Property | Total |
|-------|---------|-------------------|----------------------------|------------------|----------------------------|-------|
| 1. | | \$ | \$ | \$ | \$ | \$ |
| 2. | | \$ | \$ | \$ | \$ | \$ |
| 3. | | \$ | \$ | \$ | \$ | \$ |
| 4. | | \$ | \$ | \$ | \$ | \$ |
| 5. | | \$ | \$ | \$ | \$ | \$ |
| 6. | | \$ | \$ | \$ | \$ | \$ |
| 7. | | \$ | \$ | \$ | \$ | \$ |
| 8. | | \$ | \$ | \$ | \$ | \$ |
| 9. | | \$ | \$ | \$ | \$ | \$ |
| 10. | | \$ | \$ | \$ | \$ | \$ |

LOSS PAYEE

| Loss Payee Name | Address | Location |
|-----------------|---------|----------|
| | | |
| | | |
| | | |

LOSS HISTORY - Describe all "Open Lot" losses in last 3 years

None

| Date of Loss | Cause of Loss | Amount Paid |
|--------------|---------------|-------------|
| | | |
| | | |
| | | |

REMARKS

Describe any additional exposures at this location. Attach additional sheet if necessary.

PRIOR CARRIER

SIGNATURES

Applicant's Signature: _____ Date: _____

Producer's Signature: _____ Date: _____