



- 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

<p>POLICY FORM REQUESTED:</p> <p><input type="checkbox"/> COMPREHENSIVE <input type="checkbox"/> NAMED PERILS</p> <p>EXCLUDED PERILS:</p> <p><input type="checkbox"/> Wind / Hail Exclusion <input type="checkbox"/> Flood Exclusion</p>	<p>DEDUCTIBLE:</p> <p><input type="checkbox"/> \$250 per unit / \$1,250 per occurrence aggregate</p> <p><input type="checkbox"/> \$500 per unit / \$2,500 per occurrence aggregate</p> <p><input type="checkbox"/> \$1,000 per unit / \$5,000 per occurrence aggregate</p> <p><input type="checkbox"/> \$2,500 per unit / \$12,500 per occurrence aggregate</p> <p><input type="checkbox"/> \$5,000 per unit / \$25,000 per occurrence aggregate</p> <p><input type="checkbox"/> \$10,000 per unit / \$50,000 per occurrence aggregate</p>	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> Collision Deductible "Units"</td> <td><input type="checkbox"/> Theft Deductible "BPP"</td> <td><input type="checkbox"/> Theft Deductible</td> </tr> <tr> <td><input type="checkbox"/> \$500</td> <td><input type="checkbox"/> \$1000</td> <td><input type="checkbox"/> \$1000</td> </tr> <tr> <td><input type="checkbox"/> \$1000</td> <td><input type="checkbox"/> \$2,500</td> <td><input type="checkbox"/> \$2,500</td> </tr> <tr> <td><input type="checkbox"/> \$2,500</td> <td><input type="checkbox"/> \$5,000</td> <td><input type="checkbox"/> \$5,000</td> </tr> <tr> <td><input type="checkbox"/> \$5,000</td> <td><input type="checkbox"/> \$10,000</td> <td><input type="checkbox"/> \$10,000</td> </tr> <tr> <td><input type="checkbox"/> \$10,000</td> <td><input type="checkbox"/> \$10,000</td> <td><input type="checkbox"/> \$10,000</td> </tr> </table> <p>If hauling, complete Collision Supplement: CPD-ACS-APP</p>	<input type="checkbox"/> Collision Deductible "Units"	<input type="checkbox"/> Theft Deductible "BPP"	<input type="checkbox"/> Theft Deductible	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1000	<input type="checkbox"/> \$1000	<input type="checkbox"/> \$1000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$10,000
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OPTIONAL COVERAGES

<p><input type="checkbox"/> False Pretense</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> \$25,000</td> <td><input type="checkbox"/> \$175,000</td> <td><input type="checkbox"/> \$500,000</td> </tr> <tr> <td><input type="checkbox"/> \$50,000</td> <td><input type="checkbox"/> \$200,000</td> <td><input type="checkbox"/> \$700,000</td> </tr> <tr> <td><input type="checkbox"/> \$75,000</td> <td><input type="checkbox"/> \$225,000</td> <td></td> </tr> <tr> <td><input type="checkbox"/> \$100,000</td> <td><input type="checkbox"/> \$250,000</td> <td></td> </tr> <tr> <td><input type="checkbox"/> \$125,000</td> <td><input type="checkbox"/> \$275,000</td> <td></td> </tr> <tr> <td><input type="checkbox"/> \$150,000</td> <td><input type="checkbox"/> \$300,000</td> <td></td> </tr> </table>	<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		<p><input type="checkbox"/> Additional Debris Removal \$ _____ Limit</p>
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PREMIUM BASIS

Non-Reporting
 Reporting Monthly with Annual Adjustment
 Reporting Monthly with Monthly Premium

UNDERWRITING INFORMATION

<ul style="list-style-type: none"> • Do you sell motorized units? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ % of sales • 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? _____ % • Are any open lot exposures within .6 miles also insured by AMIG ? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: 	<ul style="list-style-type: none"> • 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
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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: _____