



**AMERICAN MODERN
INSURANCE GROUP, INC.**

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

COMMERCIAL PHYSICAL DAMAGE

**SCHEDULED UNITS -
APPLICATION**

*(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: _____					WEB SITE ADDRESS:		
<input type="checkbox"/> NEW ENTITY (Attach Financials, Summary of Experience)							

COVERAGES

<p>DEDUCTIBLE:</p> <ul style="list-style-type: none"> <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 	<p>POLICY FORM REQUESTED:</p> <ul style="list-style-type: none"> <input type="checkbox"/> COMPREHENSIVE <input type="checkbox"/> NAMED PERILS <p>EXCLUDED PERILS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Wind / Hail Exclusion <input type="checkbox"/> Flood Exclusion <ul style="list-style-type: none"> <input type="checkbox"/> ADDITIONAL DEBRIS REMOVAL \$ _____ Limit <input type="checkbox"/> NON-OWNED UNITS DEBRIS REMOVAL \$ _____ Limit
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UNDERWRITING INFORMATION - REFER TO GUIDELINES FOR COMPLETE ELIGIBILITY REQUIREMENTS

- SUBMIT PHOTO OF ANY UNIT OVER 10 YEARS OLD. **(DO NOT BIND)**
- SUBMIT PHOTO OF ANY UNATTACHED STRUCTURES WHOSE VALUE EXCEEDS UNIT VALUE. **(DO NOT BIND)**
- SUBMIT INVENTORY OF ANY BUSINESS PERSONAL PROPERTY WHERE VALUE EXCEEDS UNIT VALUE. **(DO NOT BIND)**
- ARE ANY UNITS LOCATED ON ANY ISLAND, LAND OUTSIDE THE INTERCOASTAL WATERWAY OR WITHIN 1000 FEET OF ANY TIDAL WATER OR LOCATED IN NFIP ZONE V, VI, OR V30? YES NO
- ARE ANY UNITS WITHIN 500 FEET OF A WATER EXPOSURE? YES NO
- HAS ANY LOCATION FLOODED WITHIN THE PAST 10 YEARS? YES NO
- ANY UNITS REPOSSESSED OR CONSIGNED? YES NO
- ANY UNITS MOTORIZED? YES NO
- ANY UNITS HAVE COMMERCIAL COOKING FACILITIES? YES NO
- ANY UNITS STORE ANY TYPE EXPLOSIVES, CORROSIVE OR FLAMMABLE LIQUIDS? YES NO
- ANY UNITS EQUIPPED WITH GOOSENECK COUPLING DEVICE? IF YES, DECLINE FOR COLLISION COVERAGE. YES NO
- ANY UNITS VACANT? IF YES, FOR HOW LONG? _____ YES NO
WHEN IS UNIT EXPECTED TO BE OCCUPIED? _____
- ANY ATTACHED/UNATTACHED STRUCTURE NOT CONSTRUCTED OF STRONG DURABLE MATERIAL, UNDER CONSTRUCTION, INCOMPLETE OR NOT IN COMPLIANCE WITH LOCAL BUILDING CODE? YES NO
- ANY UNITS OR EXPOSURES PREVIOUSLY UNINSURED? EXPLAIN YES NO

LOSS HISTORY - Describe all losses to "MH" type units in last 3 years. None

DATE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID

UNIT SCHEDULE		DESCRIPTION OF UNIT(S)			
YEAR / LENGTH / WIDTH	UNIT #1			UNIT #2	
	YEAR:	L:	W:	YEAR:	L: W:
MANUFACTURER					
SERIAL NUMBER					
TIED DOWN	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	
PROGRAM	<input type="checkbox"/> RENTAL <input type="checkbox"/> OFFICE <input type="checkbox"/> MISC.			<input type="checkbox"/> RENTAL <input type="checkbox"/> OFFICE <input type="checkbox"/> MISC.	
Units written in Miscellaneous Program Describe Type and Usage					
FIREPLACE OR WOOD/COAL BURNING STOVE - (COMPLETE U0884)	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	
LOCATION - IN PARK, give park name and lot number	LOCATION:			LOCATION:	
IF OUT OF PARK, give complete address	PROTECTION CLASS: _____ <input type="checkbox"/> Protected* <input type="checkbox"/> Unprotected**			PROTECTION CLASS: _____ <input type="checkbox"/> Protected* <input type="checkbox"/> Unprotected**	
LENDER NAME & ADDRESS					
COVERAGES	LIMIT	PREMIUM		LIMIT	PREMIUM
UNIT PHYSICAL DAMAGE (INCL. ATT'D STRUC.)					
UNATTACHED STRUCTURES					
BUSINESS PERSONAL PROPERTY					
LENDERS INTEREST	<input type="checkbox"/> INCLUDE			<input type="checkbox"/> INCLUDE	
LENDERS FLOOD	<input type="checkbox"/> INCLUDE			<input type="checkbox"/> INCLUDE	
TRIP COLLISION	EFF:			EFF:	
REPLACEMENT COST	<input type="checkbox"/> INCLUDE			<input type="checkbox"/> INCLUDE	

COMPOSITE POLICY - Unit Schedule with 10 or more units, quarterly reporting (attach schedule of units).

* Protected - Means a "Rental" is located in a park (with 5 or more mobile homes in the park) and the park is located in Protection Classification 1-8

** Unprotected - Means a "Rental" is not in a park or the park is located in Protection Classification 9 or 10

REMARKS

PRIOR CARRIER

APPLICANT SIGNATURE: _____ DATE: _____

PRODUCER SIGNATURE: _____ DATE: _____

Attach Unit Schedule for Additional Units or a Typewritten Schedule with Information Shown Above.