



**AMERICAN MODERN  
INSURANCE GROUP, INC.**

AMERICAN MODERN HOME  
AMERICAN FAMILY HOME  
AMERICAN SOUTHERN HOME  
AMERICAN MODERN LLOYDS  
AMERICAN MODERN SURPLUS LINES  
AMERICAN MODERN INS.  
CONSUMER COUNTY MUTUAL INS.

**COMMERCIAL PHYSICAL DAMAGE  
MOBILE HOME DEALER BLANKET  
OPEN LOT APPLICATION**

*(Please attach Fraud Warning Notices,  
form # FRWR-APP-COMM (09/09).*

APPLICANT INFORMATION				AGENT INFORMATION		
NAMED INSURED				AGENT CODE #		
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						
<input type="checkbox"/> Comprehensive or <input type="checkbox"/> Named Peril <input type="checkbox"/> Flood Exclusion <input type="checkbox"/> Flood Exclusion <input type="checkbox"/> Windstorm, Hall Flood Excl. <input type="checkbox"/> Windstorm, Hall, Flood Excl.			<input type="checkbox"/> Collision Deductible <input type="checkbox"/> Theft Deductible "Units" <input type="checkbox"/> Theft Deductible "BPP"			
<b>DEDUCTIBLE</b> <input type="checkbox"/> \$500 per unit / \$2,500 per occurrence aggregate/BPP per occurrence <input type="checkbox"/> \$1,000 per unit / \$5,000 per occurrence aggregate/BPP per occurrence <input type="checkbox"/> \$2,500 per unit / \$12,500 per occurrence aggregate/BPP per occurrence <input type="checkbox"/> \$5,000 per unit / \$25,000 per occurrence aggregate/BPP per occurrence <input type="checkbox"/> \$10,000 per unit / \$50,000 per occurrence aggregate/BPP per occurrence			<input type="checkbox"/> \$500 <input type="checkbox"/> \$1000 <input type="checkbox"/> \$1000 / \$0 agg <input type="checkbox"/> \$1000 / \$0 agg <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$2,500 / \$0 agg <input type="checkbox"/> \$2,500 / \$0 agg <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$5,000 / \$0 agg <input type="checkbox"/> \$5,000 / \$0 agg <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$10,000/\$0 agg <input type="checkbox"/> \$10,000/\$0 agg If hauling, complete Collision Supplement AS APPL.			
OPTIONAL COVERAGES						
<input type="checkbox"/> False Pretense <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$175,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$200,000 <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						
<ul style="list-style-type: none"> <li>● Do you sell motorized units? <input type="checkbox"/> Yes    <input type="checkbox"/> No      _____ % of sales</li> <li>● Does your radius of operations extend beyond 200 miles? <input type="checkbox"/> Yes    <input type="checkbox"/> No</li> <li>● Do you haul your own units? <input type="checkbox"/> Yes    <input type="checkbox"/> No</li> <li>● What percentage of units are consigned / repossessed? _____ %</li> <li>● Are any open lot exposures within .6 miles also insured by AMIG ? <input type="checkbox"/> Yes    <input type="checkbox"/> No Describe:</li> <li>● Are any locations within 500 feet of any water exposure? <input type="checkbox"/> Yes    <input type="checkbox"/> No</li> <li>● Has any location flooded in the past 10 years? <input type="checkbox"/> Yes    <input type="checkbox"/> No</li> <li>● _____ % New Units</li> <li>● _____ % Used Units</li> </ul>						

**LOCATION SCHEDULE**

ADDRESS (Street, City, County, State, Zip Code)		Blanket Limit			
Loc #	Address	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: \_\_\_\_\_