



- 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
MOBILE HOME DEALER BLANKET
OPEN LOT APPLICATION**

*(Please attach Fraud Warning Notices,
form # FRWR-APP-COMM (02/10).*

| 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 | | | | | |
|---------------------------------------------------------------------------------------------------|--|-----------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Comprehensive | | or | <input type="checkbox"/> Named Peril | | <input type="checkbox"/> Collision Deductible |
| <input type="checkbox"/> Flood Exclusion | | | <input type="checkbox"/> Flood Exclusion | | <input type="checkbox"/> Theft Deductible "Units" |
| <input type="checkbox"/> Windstorm, Hail Flood Excl. | | | <input type="checkbox"/> Windstorm, Hail, Flood Excl. | | <input type="checkbox"/> Theft Deductible "BPP" |
| DEDUCTIBLE | | | | | |
| <input type="checkbox"/> \$500 per unit / \$2,500 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"/> \$1,000 per unit / \$5,000 per occurrence aggregate/BPP per occurrence | | <input type="checkbox"/> \$1000 | | <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$2,500/\$0 agg <input type="checkbox"/> \$2,500/\$0 agg | |
| <input type="checkbox"/> \$2,500 per unit / \$12,500 per occurrence aggregate/BPP per occurrence | | <input type="checkbox"/> \$2,500 | | <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$5,000/\$0 agg <input type="checkbox"/> \$5,000/\$0 agg | |
| <input type="checkbox"/> \$5,000 per unit / \$25,000 per occurrence aggregate/BPP per occurrence | | <input type="checkbox"/> \$5,000 | | <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$10,000/\$0 agg <input type="checkbox"/> \$10,000/\$0 agg | |
| <input type="checkbox"/> \$10,000 per unit / \$50,000 per occurrence aggregate/BPP per occurrence | | <input type="checkbox"/> \$10,000 | | 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 | | |
|---------------------------------------------------------------------|----------------------------------------------------------|------------------|
| • 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: | | |
| • 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: _____