



**AMERICAN MODERN INSURANCE GROUP**  
**TENNESSEE**  
**Manufactured Homeowners**  
**Insurance Application**

**Check Company Applicable:**  
 070 American Family Home  
 077 American Modern Home  
 078 American Western Home  
 080 American Southern Home  
 Other \_\_\_\_\_

Policy Number

*Use only at Direction of Company*

Agency Number <input type="text"/>	PHONE: <input type="text"/>	Subproducer Number <input type="text"/>	PHONE ( <input type="text"/> )
AGENCY NAME		SUBPRODUCER NAME	
ADDRESS		ADDRESS	
CITY/STATE/ZIP		CITY/STATE/ZIP	

**APPLICANT INFORMATION**

LAST NAME	FIRST	MIDDLE INITIAL	HOME PHONE ( <input type="text"/> )
			WORK PHONE ( <input type="text"/> )
E-mail Address <input type="text"/>			
MAILING ADDRESS			CITY STATE ZIP COUNTY
DATE OF BIRTH	OCCUPATION	MARTIAL STATUS	SOCIAL SECURITY NUMBER
CO-APPLICANT'S LAST NAME	FIRST	MIDDLE INITIAL	SOCIAL SECURITY NUMBER DATE OF BIRTH
LOCATION OF HOME		CITY STATE ZIP COUNTY	
PARK / COMMUNITY NAME WHERE HOME IS LOCATED			LOT #
PERIOD OF INSURANCE	EFFECTIVE DATE	EXPIRATION DATE	MONTHS
12:01 A.M. STANDARD TIME			

**MORTGAGEE/LIENHOLDER/LOSS PAYEE**  (Mark box for additional Mortgagee and show in "Remarks" on back of application.)

NAME	ACCT./LOAN #
ADDRESS	CITY STATE ZIP

**DESCRIPTION OF HOME**

YEAR	MAKE / MODEL	SERIAL NUMBER	LENGTH	WIDTH
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<b>PHYSICAL CHARACTERISTICS</b>	PURCHASE DATE	PURCHASE PRICE (Excluding land, if applicable)	Dwelling Limit \$ <input type="text"/>
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**HOW IS THE HOME USED?**

Primary Residence (Owner Occupied)  
 Seasonal Residence (Owner Occupied)  
 Rental  
 Commercial  
 Tenant

How many miles is home from Fire Dept.?

**LOCATION**

Is the home located in a park with:

25 or Less Spaces     101 or More  
 26 - 50                     Not in Park, on Private Property  
 51 - 100                     Unknown

	YES	NO
Is home on permanent foundation	<input type="checkbox"/>	<input type="checkbox"/>
Is land owned by client?	<input type="checkbox"/>	<input type="checkbox"/>
Does home have a composite roof?	<input type="checkbox"/>	<input type="checkbox"/>
Does home have protective siding?	<input type="checkbox"/>	<input type="checkbox"/>
Is the home located inside city limits?	<input type="checkbox"/>	<input type="checkbox"/>
Is home tied down?	<input type="checkbox"/>	<input type="checkbox"/>
Has the home been previously titled?	<input type="checkbox"/>	<input type="checkbox"/>
Is the risk a modular home?	<input type="checkbox"/>	<input type="checkbox"/>

**IMPORTANT: CHART OR PRODUCT PLUS ADD-ON CODES MUST BE ENTERED**

Territory	Product Code	Premium From Rate Manual
		\$ _____
Dwelling (Incl. Attached Structures)	Codes _____	Limit of Liability \$ _____ Premium \$ _____
Personal Property	_____	\$ _____ \$ _____
Adjacent / Other Structures	_____	\$ _____ \$ _____
Personal Liability / Premises Liability	_____	\$ _____ \$ _____
Deductible	_____	\$ _____ \$ _____
_____	_____	\$ _____ \$ _____
_____	_____	\$ _____ \$ _____
_____	_____	\$ _____ \$ _____
_____	_____	\$ _____ \$ _____
_____	_____	\$ _____ \$ _____
_____	_____	\$ _____ \$ _____
		<b>TOTAL PREMIUM</b> \$ <input type="text"/>

**DIRECT BILL INFORMATION**

<b>PAYMENT OPTION - Select One:</b> <input type="checkbox"/> One pay - Full Premium Required <input type="checkbox"/> Four pay - 25% down <input type="checkbox"/> Ten pay - 16.3% down* <input type="checkbox"/> E-Z Pay (EFT - Monthly debits from bank account.) Attach form #00220-08-G	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express Card#: <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> Expiration Date: _____ Amount to be Charged \$ _____ Name on Card: _____	Down Payment \$ _____ Installment Fee \$ _____ Amount Enclosed \$ _____
<b>New Business Bill To:</b> <input type="checkbox"/> Applicant <input type="checkbox"/> Mortgagee/Lienholder/Loss Payee <b>At Renewal Bill To:</b> <input type="checkbox"/> Applicant <input type="checkbox"/> Mortgagee/Lienholder/Loss Payee	<b>Co. Use Only</b>	\$ _____

**UNDERWRITING QUESTIONS** All questions must be answered. (Explain any YES answers in "Remarks" below.)

	YES	NO
1. Does the home have a supplemental heating device?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the applicant unemployed other than disabled or retired?	<input type="checkbox"/>	<input type="checkbox"/> Do Not Bind / Do Not Submit
3. Has the applicant filed for bankruptcy in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/> Do Not Bind / Do Not Submit
4. Has the applicant had any similar insurance declined, canceled or non-renewed? (Not applicable in MO or MN).	<input type="checkbox"/>	<input type="checkbox"/> Do Not Bind / Submit for approval
5. Has the dwelling gone uninsured for more than 30 days?	<input type="checkbox"/>	<input type="checkbox"/> Do Not Bind / Submit for approval
6. Is there an unfenced pool on premises? (unfenced includes fences less than 4 feet in height or with no locking gate)	<input type="checkbox"/>	<input type="checkbox"/> Policy MUST be submitted without liability
7. Does the applicant own any large, unusual or vicious animals? (includes pitbulls, rottweilers, dobermans, chows, wolf hybrids, any exotic animals)	<input type="checkbox"/>	<input type="checkbox"/> Policy MUST be submitted with Animal Liability Exclusion; or written without Liability
8. Is the home located on a site with prior occurrences of brushfires, landslides or flooding?	<input type="checkbox"/>	<input type="checkbox"/> Do Not Bind / Do Not Submit
9. Is the home located on an island, or within a 1000 feet of a river or seacoast?	<input type="checkbox"/>	<input type="checkbox"/> Do Not Bind / Do Not Submit
10. Is the home supported on raised poles or pilings?	<input type="checkbox"/>	<input type="checkbox"/> Do Not Bind / Do Not Submit
11. Is the home under construction, undergoing renovations that require the home to be vacated, or not connected to utility services?	<input type="checkbox"/>	<input type="checkbox"/> Do Not Bind / Do Not Submit
12. Is income derived from a commercial, farming or business operation on the premises?	<input type="checkbox"/>	<input type="checkbox"/> Do Not Bind / Do Not Submit
13. Is the home vacant?	<input type="checkbox"/>	<input type="checkbox"/> Do Not Bind / Do Not Submit
14. Is the home under foreclosure?	<input type="checkbox"/>	<input type="checkbox"/> Do Not Bind / Do Not Submit
15. Does the home have more than two lienholder mortgagees?	<input type="checkbox"/>	<input type="checkbox"/> Do Not Bind / Do Not Submit
16. Does the home have an individual lienholder mortgagee?	<input type="checkbox"/>	<input type="checkbox"/> Do Not Bind / Submit for approval
17. Has the applicant had ANY Fire, Theft, Liability, Water and/or Flood loss in the last three (3) years?	<input type="checkbox"/>	<input type="checkbox"/> Do Not Bind / Submit for approval
18. Has the applicant had two (2) or more Fire, Theft, Liability, Water and/or Flood losses, in any combination, in the last three (3) years?	<input type="checkbox"/>	<input type="checkbox"/> Do Not Bind / Do Not Submit
19. Has the applicant had three (3) or more property losses in the last 3 years?	<input type="checkbox"/>	<input type="checkbox"/> Do Not Bind / Do Not Submit
20. Are there any attached or unattached structures on the premises?	<input type="checkbox"/>	<input type="checkbox"/> List structures below
21. Was the supplemental heating device installed by someone other than the home manufacturer or a licensed contractor? (disregard if you answered 'No' to question #1)	<input type="checkbox"/>	<input type="checkbox"/> If yes, please submit with complete Heating Source Questionnaire #U0884 and two photographs

**LOSS HISTORY - MUST LIST ALL OF APPLICANT'S LOSSES FOR THE LAST THREE YEARS.**

Date of Loss	Cause	Description (If none, write "None")	Amount of Loss
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**STRUCTURES ATTACHED TO THE HOME**

Description	Construction Type	Size	Age	Actual Cash Value	Replacement Cost

**STRUCTURES ON PREMISES (Including Satellite Antenna) NOT ATTACHED TO THE HOME**

Description	Construction Type	Size	Age	Actual Cash Value	Replacement Cost

If additional insured, provide information in "Remarks" section below.

**REMARKS**


**STATEMENT OF INSPECTION INQUIRY**

As a part of our underwriting procedures, a routine inquiry may include obtaining an investigative consumer and credit report involving information concerning character, general reputation, personal and financial characteristics and mode of living. Information on the nature and scope of such a report, if one is obtained, will be provided upon written request.

**BINDER PROVISIONS**

If the application indicates coverage is bound, then such insurance as is afforded by this binder is subject to the declarations, conditions, exclusions and other terms of the applicable policy form as is used by the Company in the state where the risk is located. This binder shall terminate automatically at the earliest of (1) 30 days from the effective date, (2) immediately on notice of cancellation by the named insured or the Company, or (3) on its effective date if replaced by a policy with an effective date the same date as that of the binder. If this binder is not replaced by a policy, a premium shall be charged for the period the binder is in effect. **IS COVERAGE BOUND?**  YES  NO

**SIGNATURES**

I hereby declare that to the best of my knowledge and belief all information and statements above are true and complete. These facts and statements are offered as an inducement to the Company to issue the Policy. It is a crime knowingly to provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Agent's Name (Print or Type) _____	Agent's License Identification No. _____
Agent's Signature _____	Date _____
Applicant's Signature _____	Date _____