AMERICAN MODERN INSURANCE	CE GROU		Company			Dallan				
Manufactured Homeowners		□ 070 American Fam □ 077 American Mod			Number Number					
		078 American We □ 080 American So					•			
<i>Insurance</i> Applicat	ion	□ Oth		Southe	em nome		Use only a	at Directio	n of C	ompany
	PHONE: FAX:	·		Subp Num	oroducer ber			PHO	NE (	)
AGENCY NAME SPECIAL RISKS					DUCER NAM	1E				
ADDRESS 38555 MOUND RD SUITE 100			ADD	RESS						
CITY/STATE/ZIP STERLING HEIGHTS M	I 48310			CITY	//STATE/ZIP					
		APPL			MATION					
LAST NAME	FIRS	ST	MIDD	LE INIT		PHONE				
						K PHONE				
MAILING ADDRESS					<u>  E-mail</u> CITY	Address	STATE	ZIP	,	COUNTY
WALLET ABBRESS					0111		OITTE	211		0001111
DATE OF BIRTH OC	CUPATIC	ON		MART	IAL STATUS	SOC	IAL SECUF	RITY NUMBI	ΞR	
CO-APPLICANT'S LAST NAME	FIRST	MIDD	<u> </u> LE INITIAL		SUCIVI	ECHIDIT	Y NUMBER		DATE	OF BIRTH
CO-ALL EIGANT 3 EAST NAIVIE	11101	IVIIDD	LL IIVITIAL	•	SOCIAL	BLCOKII	INOMBLI	·	DAIL	OI BIRTH
LOCATION OF HOME		CITY			STATE		ZIP	•	COU	NTY
PARK / COMMUNITY NAME WHERE HOM	IE IS LOC	ATED			LO	T #				
PARK / COMMUNITY NAME WHERE HOM	IE IS LOC	AIED			LO	1 #				
PERIOD OF INSURANCE	FFFCT	TIVE DATE			EXPIRATION	DATE		M	ONTHS	
12:01 A.M. STANDARD TIME	LITEOI	IIVE DATE			EXT IIO (1101)	DATE		141	OIVIIIO	,
	20 5424									
MORTGAGEE/LIENHOLDER/LOS	S PAY	EE L (M	ark box fo	r addit			show in "F	Remarks" o	n back	of application.)
NAME					ACCT./L	_OAN #				
ADDRESS			C	CITY			STATE			ZIP
		DES	CRIPTIO	NOF	HOME					
YEAR MAKE / MODEL			JORNI 110		RIAL NUMBE	R		LENG	TH	WIDTH
TEAR WARE / WOBLE				OL	INIAL NOMBLI			LLINO	'''	WIDIII
DUVELCAL CHARACTERISTICS		PLIRCHA	SE DATE		DII	RCHASE	PRICE		Dwal	lina Limit
PHYSICAL CHARACTERISTICS	,	TOROTIA	OL DATE				if applicable)		Dwei	ling Limit
HOW IS THE HOME USED?  Primary Residence (Owner Occupied)								\$		
☐ Seasonal Residence (Owner Occupied)							ADD-ON C			E ENTERED
Rental		Territor	y		Product Code		\$	Premium Fr	om Rat	re Manual
☐ Commercial	ŀ					Codes	l '	mit of Liab	ility	Premium
☐ Tenant		Dwelling				Codes			-	
How many miles is home from Fire Dept.?		(Incl. Attacl		ures)			*			
LOCATION		Personal Pro					,		,	
Is the home located in a park with:  25 or Less Spaces 101 or More		Adjacent / Ot	her Structu	ıres			\$			
☐ 25 or Less Spaces ☐ 101 or More ☐ 26 - 50 ☐ Not in Park, o	on	Personal Liab	ises Lia	ability		\$ _		\$		
□ 51 - 100 Private Prope		Deductible					\$ _		\$	
☐ Unknown							· ·			
YES							\$ —		Ψ	
Is home on permanent foundation  Is land owned by client?							\$ —		— \$	
Does home have a composite roof?							\$ —		\$	
Does home have protective siding?							\$		\$	
Is the home located inside city limits? $\Box$							\$		\$	
Is home tied down?									TAL 🔽	
Has the home been previously titled?  Is the risk a modular home?								PREMI	UM [	À
is the risk a modular nome?		DIREC	TRILLIN	IEOD	MATION					
PAYMENT OPTION - Select One:	☐ Mast				MATION  ☐ Americar	Express				_
☐ One pay - Full Premium Required	Card#:		] - [ ] ]			7-		Down Payı		\$
Four pay- 25% down		on Date:		Amount	to be Charge			Installment		\$
☐ Ten pay - 16.3% down* ☐ E-Z Pay (EFT - Monthly debits from	Name of	n Card:						Amount Er	iciosed	\$
bank account.)		siness Bill To: wal Bill To:						Co. Use	Only	\$

	UNDERWE	RITING QUESTIONS All quest	ions must be answered. (Expl	ain any	YESa	nswers in "Remarks" below.	)
				YES	NO		
1	Does the home have a suppl	lemental heating device?					
l .		other than disabled or retired?				Do not Bind / Do not Sub	omit
3.	Has the applicant filed for ba	ankruptcy in the past 5 years?				Do not Bind / Do not Sub	omit
4.		imilar insurance declined, cance	led or non-renewed?			Do not Bind / Submit for	approval
_	(Not applicable in MO or MN	•					
l .	Has the dwelling gone uninsu		formed loss than 4 fact			Do not Bind / Submit for	approval
6	in height or with no locking a	n premises? (unfenced includes i	iences less than 4 leet			Policy MUST be submitte	ad without liability
7.	0 0	large, unusual or vicious animals	s? (includes pitbulls.	_	_	Tolley WooT be submitte	od Without hability
		vs, wolf hybrids, any exotic anir	•			Policy MUST be submitted	ed with Animal
			,			Liability Exclusion; or writ	tten without Liability
8.		te with prior occurrences of brus	shfires, landslides				
	or flooding?					Do not bind / Do not Sub	
9. Is the home located on an island, or within a 1000 feet of a river or seacoast?  10. Is the home supported on raised poles or pilings?						Do Not Bind / Do Not Su Do not bind / Do not Sub	
<ul><li>10. Is the home supported on raised poles or pilings?</li><li>11. Is the home under construction, undergoing renovations that require the home to</li></ul>					_	Do not bind / Do not Suc	JIIII
	be vacated, or not connecte		at roquiro tilo riomo to			Do not bind / Do not Sub	omit
12.	Is income derived from a co	mmercial, farming or business	operation on the premises	? 🔲		Do not bind / Do not Sub	omit
_	13. Is the home vacant?					Do not bind / Do not Sub	
l .	Is the home under foreclosu		_			Do not bind / Do not Sub	
		han two lienholder mortgagees' vidual lienholder mortgagee?	?			Do not bind / Do not Sub Do not bind / Submit for	
		Fire, Theft, Liability, Water and/o	or Flood loss in the	_	_	Do not bind / Submit for	арргочаг
	last three (3) years?	,				Do not bind / Submit for	approval
18.		2) or more Fire, Theft, Liability, V	Water and/or Flood				
	losses, in any combination,					Do not bind / Do not sub	
		(3) or more property losses in				Do not bind / Do not sub	omit
		nattached structures on the preng device installed by someone				List structures below If yes, please submit wit	th complete Heating
۷۱.		ontractor? (disregard if you answ		_	_	Source Questionnaire #	
	manadator or a noonload of	omacion (alorogara il you allow	orda ito to quodion iii)			photographs	occor and two
		LOSSHISTORY-MUSTLISTAL	LOF APPLICANT'S LOSSES F	OR THE			
	Date of Loss	Cause	Descriptio	n (If n	one, v	vrite "None")	Amount of Loss
_	Date of Loss	Cause	Descriptio	n (If n	one, v	vrite "None")	Amount of Loss
_	Date of Loss	Cause	Descriptio	n (If n	one, v	vrite "None")	Amount of Loss
	Date of Loss		·			vrite "None")	Amount of Loss
		STRUCTUR	ES ATTACHED TO THE			·	
	Date of Loss  Description		·			vrite "None")  Actual Cash Value	Amount of Loss Replacement Cost
_		STRUCTUR	ES ATTACHED TO THE			·	
	Description	STRUCTUR Construction Type	ES ATTACHED TO THE Size Age	E HON	ΛE	Actual Cash Value	Replacement Cost
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