



**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

**10+ DWELLING  
LIABILITY SUPPLEMENTAL**

**Liability Supplement should accompany the Acord General Liability Application**

1. Do any of the following exposures exist on rental premises?
 

a. Swimming Pools	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Spas, Hot Tubs or Jacuzzi	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Trampolines	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Day Care Operations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Dog breeds such as Dobermans, pit bulls, rottweiler, chows or wolf hybrids	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Exotic pets or animals	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Lead Paint	<input type="checkbox"/> Yes	<input type="checkbox"/> No
  
2. Have you had any animal bite incident on rental premises in the past 5 years?  Yes  No
  
3. Are any buildings undergoing renovations or reconstruction?  Yes  No
  - a. Cosmetic  Yes  No
  - b. Structural  Yes  No

If yes to 3, please explain and provide estimated completion date \_\_\_\_\_
  
4. Do you use independent Contractors?  Yes  No
  - a. If yes, do you obtain a certificate of insurance?  Yes  No
  
5. Are there working smoke detectors on the premises?  Yes  No
 

Hard Wired	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Battery Operated	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a procedure in place to replace smoke detector batteries?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Vacant Dwellings**  
In addition to the above, please respond to the following for vacant dwellings

1. What is the anticipated length of vacancy? \_\_\_\_\_
2. What is intent with vacant dwellings?  Sale  Rent  Other, explain \_\_\_\_\_
3. What is the maximum amount of time any one dwelling has been vacant? \_\_\_\_\_
4. How often are physical checks made of unit? \_\_\_\_\_  
By whom? \_\_\_\_\_
5. Is heat maintained?  Yes  No

Applicant Signature: \_\_\_\_\_ Producer Signature: \_\_\_\_\_

REMARKS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_