



**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

**COMMERCIAL PHYSICAL DAMAGE  
SCHEDULED UNITS -  
APPLICATION**

**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: _____					WEB SITE ADDRESS:		
<input type="checkbox"/> NEW ENTITY (Attach Financials, Summary of Experience)							

**COVERAGES**

<p>DEDUCTIBLE:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> \$250 per unit / \$1,250 per occurrence aggregate</li> <li><input type="checkbox"/> \$500 per unit / \$2,500 per occurrence aggregate</li> <li><input type="checkbox"/> \$1,000 per unit / \$5,000 per occurrence aggregate</li> <li><input type="checkbox"/> \$2,500 per unit / \$12,500 per occurrence aggregate</li> <li><input type="checkbox"/> \$5,000 per unit / \$25,000 per occurrence aggregate</li> <li><input type="checkbox"/> \$10,000 per unit / \$50,000 per occurrence aggregate</li> </ul>	<p>POLICY FORM REQUESTED</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> COMPREHENSIVE <ul style="list-style-type: none"> <li><input type="checkbox"/> FLOOD EXCLUSION</li> <li><input type="checkbox"/> EX WINDSTORM, HAIL, FLOOD</li> </ul> </li> <li><input type="checkbox"/> NAMED PERILS <ul style="list-style-type: none"> <li><input type="checkbox"/> FLOOD EXCLUSION</li> <li><input type="checkbox"/> EX WINDSTORM, HAIL, FLOOD</li> </ul> </li> <li><input type="checkbox"/> ADDITIONAL DEBRIS REMOVAL <ul style="list-style-type: none"> <li>\$ _____</li> <li>LIMIT _____</li> </ul> </li> </ul>
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**UNDERWRITING INFORMATION - REFER TO GUIDELINES FOR COMPLETE ELIGIBILITY REQUIREMENTS**

- SUBMIT PHOTO OF ANY UNIT OVER 10 YEARS OLD. **(DO NOT BIND)**
- SUBMIT PHOTO OF ANY UNATTACHED STRUCTURES WHOSE VALUE EXCEEDS UNIT VALUE. **(DO NOT BIND)**
- SUBMIT INVENTORY OF ANY BUSINESS PERSONAL PROPERTY WHERE VALUE EXCEEDS UNIT VALUE. **(DO NOT BIND)**
- ARE ANY UNITS LOCATED ON ANY ISLAND, LAND OUTSIDE THE INTERCOASTAL WATERWAY OR WITHIN 1000 FEET OF ANY TIDAL WATER OR LOCATED IN NFIP ZONE V, VI, OR V30?  YES  NO
- ARE ANY UNITS WITHIN 500 FEET OF A WATER EXPOSURE?  YES  NO
- HAS ANY LOCATION FLOODED WITHIN THE PAST 10 YEARS?  YES  NO
- ANY UNITS REPOSSESSED OR CONSIGNED?  YES  NO
- ANY UNITS MOTORIZED?  YES  NO
- ANY UNITS HAVE COMMERCIAL COOKING FACILITIES?  YES  NO
- ANY UNITS STORE ANY TYPE EXPLOSIVES, CORROSIVE OR FLAMMABLE LIQUIDS?  YES  NO
- ANY UNITS EQUIPPED WITH GOOSENECK COUPLING DEVICE? IF YES, DECLINE FOR COLLISION COVERAGE.  YES  NO
- ANY UNITS VACANT? IF YES, FOR HOW LONG? \_\_\_\_\_  YES  NO  
WHEN IS UNIT EXPECTED TO BE OCCUPIED? \_\_\_\_\_
- ANY ATTACHED/UNATTACHED STRUCTURE NOT CONSTRUCTED OF STRONG DURABLE MATERIAL, UNDER CONSTRUCTION, INCOMPLETE OR NOT IN COMPLIANCE WITH LOCAL BUILDING CODE?  YES  NO
- ANY UNITS OR EXPOSURES PREVIOUSLY UNINSURED? EXPLAIN  YES  NO

**LOSS HISTORY - Describe all losses to "MH" type units in last 3 years.  None**

DATE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID

UNIT SCHEDULE		DESCRIPTION OF UNIT(S)			
YEAR / LENGTH / WIDTH	UNIT #1			UNIT #2	
	YEAR:	L:	W:	YEAR:	L: W:
MANUFACTURER					
SERIAL NUMBER					
TIED DOWN	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	
PROGRAM	<input type="checkbox"/> RENTAL <input type="checkbox"/> OFFICE <input type="checkbox"/> MISC.			<input type="checkbox"/> RENTAL <input type="checkbox"/> OFFICE <input type="checkbox"/> MISC.	
Units written in Miscellaneous Program Describe Type and Usage					
FIREPLACE OR WOOD/COAL BURNING STOVE - (COMPLETE U0884)	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	
LOCATION - IN PARK, give park name and lot number	LOCATION:			LOCATION:	
IF OUT OF PARK, give complete address	PROTECTION CLASS: _____ <input type="checkbox"/> Protected* <input type="checkbox"/> Unprotected**			PROTECTION CLASS: _____ <input type="checkbox"/> Protected* <input type="checkbox"/> Unprotected**	
LENDER NAME & ADDRESS					
COVERAGES	LIMIT	PREMIUM		LIMIT	PREMIUM
UNIT PHYSICAL DAMAGE (INCL. ATT'D STRUC.)					
UNATTACHED STRUCTURES					
BUSINESS PERSONAL PROPERTY					
LENDERS INTEREST	<input type="checkbox"/> INCLUDE			<input type="checkbox"/> INCLUDE	
LENDERS FLOOD	<input type="checkbox"/> INCLUDE			<input type="checkbox"/> INCLUDE	
TRIP COLLISION	EFF:			EFF:	
REPLACEMENT COST	<input type="checkbox"/> INCLUDE			<input type="checkbox"/> INCLUDE	

COMPOSITE POLICY - Unit Schedule with 10 or more units, quarterly reporting (attach schedule of units).

\* Protected - Means a "Rental" is located in a park (with 5 or more mobile homes in the park) and the park is located in Protection Classification 1-8

\*\* Unprotected - Means a "Rental" is not in a park or the park is located in Protection Classification 9 or 10

### REMARKS

### PRIOR CARRIER

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*Attach Unit Schedule for Additional Units or a Typewritten Schedule with Information Shown Above.*

## DISCLOSURE OF FRAUD WARNINGS

**AR** – “Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”

**CO** – “It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.”

**FL** – Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.”

**IA** – “Any person who knowingly presents false information in an application for insurance or viatical settlement contract is guilty of a crime and may be subject to fines and confinement in prison.”

**KY** – “Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.”

**LA** – “Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”

**ME** – “It is a crime to knowingly provide false, incomplete or misleading information to and insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.”

**NE** – “Any person who knowingly presents false information in an application for insurance or viatical settlement contract is guilty of a crime and may be subject to fines and confinement in prison.”

**NJ** – “Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.”

**NM** – “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN ANY APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMIAL PENALTIES.”

**NY** – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for such violation.”

**NC** – “Any person who knowingly presents false information in an application for insurance or viatical settlement contract or a viatical settlement purchase agreement is guilty of a felony and may be subject to fines and imprisonment.”

**OH** – “Any person, who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits and application or files a claim containing false or deceptive statement is guilty of insurance fraud.”

**OK** – “WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false incomplete or misleading information is guilty of a felony.”

**TN** – “It is a crime to knowingly 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.”

**VA** – “It is a crime to knowingly 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.”

**WA** – “It is a crime to knowingly 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.”