



AMERICAN MODERN INSURANCE GROUP

10+  
Scheduled Dwelling

# POLICY CHANGE REQUEST

## APPLICANT INFORMATION

POLICY #	INSURED NAME:
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## AGENCY INFORMATION

AGENCY NAME:	AGENCY CODE #
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**EFFECTIVE DATE:** \_\_\_\_\_  **ADD**  **DELETE**  **CHANGE**

If change, please describe: \_\_\_\_\_

## COVERAGES

### PROPERTY

Coverage Form: <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	Coinsurance: <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100%	Wind/Hail Deductible (1% included): <input type="checkbox"/> 2% <input type="checkbox"/> 5%
All Other Peril Deductible: <input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000

## PREMISES INFORMATION

Building #	Location Address:						
# Families:	City/State/Zip:				PC: _____	<input type="checkbox"/> Rental	<input type="checkbox"/> Vacant
Construction Type:	Year Built:	Date Purchased:	Purchase Price:	Total Area:	# of Stories:	Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No	Roof Type:
Valuation: <input type="checkbox"/> RC <input type="checkbox"/> ACV	Building Limit:		Other Structures Limit:		Contents Limit:		
Monthly Rents Coverage Amount:	Monthly Rents Settlement Options Coinsurance % or <input type="checkbox"/> 1/3 monthly limit <input type="checkbox"/> 1/4 monthly limit <input type="checkbox"/> 1/6 monthly limit						
Year building updates were completed:							
Roofing:	Wiring:	Heating:	Plumbing:	Other:			
Mortgage: _____							
Comments:							

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If change, please describe: \_\_\_\_\_

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Year building updates were completed:							
Roofing:	Wiring:	Heating:	Plumbing:	Other:			
Mortgage: _____							
Comments:							

**If adding coverage, please answer the following questions.**

**PROPERTY UNDERWRITING INFORMATION**

	Yes	No	Loc #
1. Is the dwelling an earth home, dome home, open pier, stilt home, row home, townhouse, condominium, or any other non-conventional design?			
2. Is the dwelling a manufactured home, or a modified manufactured home?			
3. Is the dwelling occupied as a fraternity, sorority, student housing, or other similar occupancy?			
4. Does the dwelling have un-repaired damage or boarded-up windows?			
5. Does the dwelling have any un-repaired water damage or any water leaks?			
6. Is the dwelling condemned?			
7. Are there any outstanding municipal or fire code violations?			
8. Are the primary heat sources thermostatically controlled? If no, what type? _____ _____			
9. Does the dwelling have smoke detectors?			
10. Is there a supplemental heating source used?			
11. Are kerosene or portable space heaters used?			
12. Does the dwelling currently have utilities such as natural gas, electric, or water?			
13. Is there an underground fuel storage or underground fuel tank on the premises?			
14. Does the dwelling have knob and tube wiring?			
15. Is the dwelling under construction or undergoing major renovation?			
16. Is the dwelling Vacant?			
17. Is the dwelling attached to other, or converted from a commercial building?			
18. Is the dwelling located in a landslide, forest fire, or brush fire area?			
19. Is the dwelling in an area that is isolated, not accessible by road?			
20. Does the dwelling have a flat roof?			
21. Does the dwelling have any going green construction, such as solar paneling?			

**If requesting Liability coverage, please answer the following questions.**

**LIABILITY & VACANT UNDERWRITING INFORMATION**

	Yes	No	Loc #
1. Do any of the following exposures exist on rental premises?			
a. Swimming Pools			
b. Spas, Hot Tubs, or Jacuzzi			
c. Trampolines			
d. Day Care Operations			
e. Lead Paint			
2. Have any animal bite incidents occurred on the rental premises in the past 5 years?			
3. Is the building undergoing renovations or reconstruction?			
a. Cosmetic			
b. Structural			
If yes, please explain and provide estimated completion date:			
4. Has "Chinese Drywall" been used in the construction or repair of the building?			
5. Are there working smoke detectors on the premises?			
a. Hard Wired			
b. Battery Operated			
6. Do you have working Carbon Monoxide detectors?			
a. Hard Wired			
b. Battery Operated			
7. Is there a procedure in place to replace smoke detector batteries?			
8. Does the building have knob and tube wiring?			
9. Does the building have aluminum wiring?			
10. Do all steps/porches have properly secured handrails?			
11. Is there outside egress from 3 <sup>rd</sup> floor? Describe: _____ _____			

**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?
  - a. By whom?
- 5. Is heat maintained?  Yes  No

**Vacant Land**

Please respond to the following for Vacant Land

	Yes	No	Loc #
1. Any Real Estate Development activities?			
2. Any water exposure?			
3. Any Activities taking place, such as hunting, dirt bike/ATV riding, etc.? a. If yes, to 1, 2 or 3, please explain:			

**Lessor's Risk Exposures**

Please respond to the following for Lessor's Risk Exposures.

	Yes	No	Loc #
1. Does the tenant maintain liability coverage? If yes, Liability Limit \$			
2. Do you obtain a certificate of insurance from tenant?			
3. Is there any Commercial cooking exposures? a. If yes, please explain:			

**LOSS HISTORY**

Enter all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior 3 years.

Any losses in the past 3 years?  Yes  No

Date of Loss	Cause of Loss	Description of Loss	Amount of Loss	Claims Status
				<input type="checkbox"/> Open <input type="checkbox"/> Closed
				<input type="checkbox"/> Open <input type="checkbox"/> Closed

**REMARKS**


Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer Signature: \_\_\_\_\_ Date: \_\_\_\_\_