



**AMERICAN MODERN
INSURANCE GROUP, INC.**

AMERICAN MODERN HOME
AMERICAN FAMILY HOME
AMERICAN SOUTHERN HOME
AMERICAN MODERN LLOYDS
AMERICAN MODERN SURPLUS LINES
AMERICAN MODERN INS.
CONSUMER COUNTY MUTUAL INS.

**COMMERCIAL PHYSICAL DAMAGE
MOBILE HOME DEALER BLANKET
OPEN LOT 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						
<input type="checkbox"/> Comprehensive or <input type="checkbox"/> Named Peril <input type="checkbox"/> Flood Exclusion <input type="checkbox"/> Flood Exclusion <input type="checkbox"/> Windstorm, Hail Flood Excl. <input type="checkbox"/> Windstorm, Hail, Flood Excl.			<input type="checkbox"/> Collision Deductible <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 If hauling units, complete Collision Supplement AS-APPL.			
DEDUCTIBLE <input type="checkbox"/> \$250 per unit / \$1,250 per occurrence aggregate <input type="checkbox"/> \$500 per unit / \$2,500 per occurrence aggregate <input type="checkbox"/> \$1,000 per unit / \$5,000 per occurrence aggregate <input type="checkbox"/> \$2,500 per unit / \$12,500 per occurrence aggregate <input type="checkbox"/> \$5,000 per unit / \$25,000 per occurrence aggregate <input type="checkbox"/> \$10,000 per unit / \$50,000 per occurrence aggregate						
OPTIONAL COVERAGES						
<input type="checkbox"/> False Pretense <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000			<input type="checkbox"/> Additional Debris Removal \$ _____ Limit			
PREMIUM BASIS						
<input type="checkbox"/> Non-Reporting		<input type="checkbox"/> Reporting Monthly with Annual Adjustment		<input type="checkbox"/> Reporting Monthly with Monthly Premium		
UNDERWRITING INFORMATION						
● Do you sell motorized units?		○ Yes <input type="checkbox"/> No		_____ % of sales		
● Does your radius of operations extend beyond 200 miles?		○ Yes <input type="checkbox"/> No				
● Do you haul your own units?		○ Yes <input type="checkbox"/> No				
● What percentage of units are consigned / repossessed? _____ %						
● Are any open lot exposures within .6 miles also insured by AMIG ?		○ Yes <input type="checkbox"/> No		Describe _____		
● Are any locations within 500 feet of any water exposure?		○ Yes <input type="checkbox"/> No				
● Has any location flooded in the past 10 years?		○ Yes <input type="checkbox"/> No				
● _____ % New Units						
● _____ % Used Units						

LOCATION SCHEDULE

ADDRESS (Street, City, County, State, Zip Code)		Blanket Limit		
Loc #	Address	Mobile Home/Travel Trailer	Recreational Unit	Total
1.		\$	\$	\$
2.		\$	\$	\$
3.		\$	\$	\$
4.		\$	\$	\$
5.		\$	\$	\$
6.		\$	\$	\$
7.		\$	\$	\$
8.		\$	\$	\$
9.		\$	\$	\$
10.		\$	\$	\$

If Business Personal Property is to be covered include in location limit, applies only to inventory held for sale. Owned Business Personal Property is not covered.

LOSS PAYEE

Loss Payee Name	Address	Location

LOSS HISTORY - Describe all "Open Lot" losses in last 3 years

None

Date of Loss	Cause of Loss	Amount Paid

REMARKS

Describe any additional exposures at this location. Attach additional sheet if necessary.

PRIOR CARRIER

SIGNATURES

Applicant's Signature: _____

Date: _____

Producer's Signature: _____

Date: _____

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.”