



303 Lennon Lane Walnut Creek, CA 94598
(800) 955-8213 (925) 947-2990
Fax (925) 947-3978 License#0812739
www.jebrown.net

AMERICAN MODERN HOMEOWNERS SUBMISSION CHECKLIST

PLEASE ATTACH TO YOUR SUBMISSION

To bind coverage your submission must include:

- ☐ Completed & signed American Modern HO-3 application* or yr. 2000 or newer Acord Homeowners Application *and* American Modern Homeowners Acord Supplement*
*use current application available at www.jebrown.net
- ☐ At least 25% of the premium plus fees (On escrow closings payment must follow w/in 7 days)
- ☐ Replacement cost estimator
- ☐ Race, National Origin & Gender Form
- ☐ Submit photos for: all protection class 8-10 risks and risks with wood stoves

Binding authority:

- ☐ Bound on postmark. No fax binding. Date of this mailing: _____

Applications must be completely filled out and signed by the agent and insured.
Most frequently missed items are:

- Clearly stated coverages on the application
- Signature on the Earthquake Waiver (pg2 application)
- Agent & Insured Signatures on the application

Submit **UNBOUND** (please mark application as “unbound”):

- Lapse of coverage over 30 days (include no loss letter & photos)
- Coverage A limits in excess of \$300,000 (photos)
- Prior water loss in excess of \$5,000 (submits with mold inspection* & photos)
*mold inspection must include visual, surface, and air tests



AMERICAN MODERN INSURANCE GROUP

**CALIFORNIA
HO-3 APPLICATION**

Check Company Applicable:

☒ 077 American Modern InsurancePolicy
Number*Use only at Direction of Company*Agency
Number **0 1 4 1 3 5** PHONE: 925-947-2990, 800-955-8213
FAX: 925-947-3978Subproducer
Number PHONE: ()
FAX: AGENCY NAME **J.E. BROWN & ASSOCIATES**

SUBPRODUCER NAME

ADDRESS 303 Lennon Lane

ADDRESS

CITY/STATE/ZIP Walnut Creek, CA 94598

CITY/STATE/ZIP

BASIC INFORMATION / CLIENT INFORMATION

FIRST NAME	MIDDLE INITIAL	LAST NAME	SS #:	DOB:
			MARITAL STATUS:	
SECONDARY APPLICANT'S FIRST NAME	MIDDLE INITIAL	LAST NAME	OCCUPATION:	
			SS #:	
LOCATION ADDRESS	CITY	STATE	ZIP	COUNTY
			DOB:	
			OCCUPATION:	
MAILING ADDRESS (If different than location)	CITY	STATE	ZIP	COUNTY
			APPLICANT'S HOME PHONE: ()	
			WORK PHONE: ()	

Effective Date	Dwelling Limit	Purchase Date	Purchase Price	Year Built	Ft to Fire Hydrant	Inside City Limits?
			\$			<input type="checkbox"/> Yes <input type="checkbox"/> No

Protection Class: **Two Photos, Clearly showing the front and back of the home, in protection class 8-10 are required.****ELIGIBILITY INFORMATION / VALUATION**

Occupancy <input checked="" type="checkbox"/> Owner # Families <input type="checkbox"/> One <input type="checkbox"/> Two	Style of Home <input type="checkbox"/> 1 Story <input type="checkbox"/> 1 1/2 Story <input type="checkbox"/> 2 Story <input type="checkbox"/> 2 1/2 Story <input type="checkbox"/> Bi-level <input type="checkbox"/> Tri-level	Construction Type <input type="checkbox"/> Frame <input type="checkbox"/> Stucco or Asbestos <input type="checkbox"/> Brick Veneer <input type="checkbox"/> Brick / Masonry <input type="checkbox"/> Log	Square Footage of Home	Date Replaced: <u> </u> <input type="checkbox"/> Composition Shingle <input type="checkbox"/> Wood or Shake Shingle <input type="checkbox"/> Aluminum <input type="checkbox"/> Fiber Cement / Concrete	Roof Type <input type="checkbox"/> Slate <input type="checkbox"/> Steel <input type="checkbox"/> Tin <input type="checkbox"/> Roll Roofing <input type="checkbox"/> Tar & Gravel <input type="checkbox"/> Tile <input type="checkbox"/> Other <u> </u>	Roof Slope <input type="checkbox"/> Flat <input type="checkbox"/> Pitched	Electric Type <input type="checkbox"/> Breaker Box <input type="checkbox"/> Fuse Box <input type="checkbox"/> Both Breaker Box and Fuse Box <input type="checkbox"/> Knob & Tube <input type="checkbox"/> Other <u> </u>		
Type of Foundation <input type="checkbox"/> Open <input type="checkbox"/> Slab <input type="checkbox"/> Crawl Space <input type="checkbox"/> Partial Basement <input type="checkbox"/> Full Basement		If there is a Full or Partial Basement, is it: <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished <input type="checkbox"/> Partially Finished <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75%	Bathrooms # Full Baths <u> </u> # Half Baths <u> </u>	Fireplaces <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four	Central Air Conditioning <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Garage <input type="checkbox"/> Attached <input type="checkbox"/> Built-In <input type="checkbox"/> Attached Carport	Size of Garage <input type="checkbox"/> 1 Car <input type="checkbox"/> 2 Car <input type="checkbox"/> 3 Car <input type="checkbox"/> 4 Car	Porches / Decks Type <input type="checkbox"/> Open <input type="checkbox"/> Enclosed <input type="checkbox"/> Screened <input type="checkbox"/> Balcony / Deck	Square Feet <u> </u> <u> </u> <u> </u> <u> </u>

COVERAGES, LIMITS & PREMIUMS

A. Dwelling	B. Other Strc. 10% Incl.	C. Personal Property 50% Incl.	D. Loss of Use 20% Incl.
E. Pers. Liab. \$100,000 Incl.	F. Med Pay \$1,000 Incl.	Deductible	Rating Territory
		Limit of Liability	Premium
Dwelling Base Premium		\$	\$
Personal Property		\$	\$
Other Structures		\$	\$
Loss of Use		\$	\$
Personal Liability		\$	\$
Medical Payments		\$	\$
Personal Property Replacement Cost		\$	\$
Deductible Change		\$	\$
Other: <u> </u>		\$	\$
Other: <u> </u>		\$	\$
Credits/Surcharges			
Age of Home		<input type="checkbox"/>	
*Central Station Alarm (Fire or Burglar)		-5%	<input type="checkbox"/>
*Local Smoke and/or Burglar Alarm		-2%	<input type="checkbox"/>
*Dead Bolts, Smoke Alarm and Fire Extinguisher		-2%	<input type="checkbox"/>
Claims Surcharge/Discount (# of Claims <u> </u>)		<input type="checkbox"/>	
Bankruptcy		+25%	<input type="checkbox"/>
		\$	
Inspection Fee		\$	30.00
TOTAL POLICY PREMIUM		\$	

DOES THE APPLICANT:

Own any animal with bite history or vicious propensities?	YES	NO
Own any Dobermans, Chows, Rottweilers, Pit Bulls, Akitas, wolves or wolf hybrids or any mix of these breeds?	<input type="checkbox"/>	<input type="checkbox"/>
Own any ostriches, emus, horses or other livestock?	<input type="checkbox"/>	<input type="checkbox"/>
Own any other wild or exotic animals or pets?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please explain. **If any above questions are answered "yes", Animal Liability Exclusion is required.****DOES THE APPLICANT:**

Have a swimming pool on the premises?	YES	NO
If yes, is the pool enclosed by a fence at least 4 feet tall with a locking gate or can the steps and ladders to the pool be secured or removed when not in use?	<input type="checkbox"/>	<input type="checkbox"/>
Conduct any farming on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
Conduct any business on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, does the applicant have any employees associated with the business operation?	<input type="checkbox"/>	<input type="checkbox"/>

LOSS INFORMATION

Has the applicant had any losses in the last three years?

☐ Yes ☐ No If yes, please provide Prior Loss History.

Date	Cause	Description	Amount
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

Four or more losses are ineligible.

Are there any unresolved/open or any unrepaired damage claims?

☐ Yes ☐ No

UNDERWRITING INFORMATION

		YES	NO			YES	NO
1.	Has applicant filed for bankruptcy in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	11.	Is the plumbing in good repair with no leaks?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Has the dwelling gone uninsured for more than 30 days immediately prior to the requested effective date?	<input type="checkbox"/>	<input type="checkbox"/>	12.	Is the dwelling an earth home, dome home, stilt home, row home, townhouse or condominium?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is the dwelling condemned?	<input type="checkbox"/>	<input type="checkbox"/>	13.	Is the dwelling of non-conventional design?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Has the applicant had similar insurance declined, canceled, or non-renewed?	<input type="checkbox"/>	<input type="checkbox"/>	14.	Is the dwelling a manufactured home, modified manufactured home or a modular home?	<input type="checkbox"/>	<input type="checkbox"/>
4a.	<i>If yes, why?</i> <input type="checkbox"/> Excess losses <input type="checkbox"/> Large losses <input type="checkbox"/> Failure to pay premium <input type="checkbox"/> Physical Hazards <input type="checkbox"/> Carrier no longer writes in the state <input type="checkbox"/> Carrier no longer writes this type of business <input type="checkbox"/> Applicant no longer belongs to association or group <input type="checkbox"/> Other _____						
5.	Name of prior carrier? _____ Exp. Date _____			15.	Does the dwelling currently have utilities such as natural gas, electric, or water?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Has the applicant had a past conviction for arson, fraud, or other insurance-related offenses?	<input type="checkbox"/>	<input type="checkbox"/>	16.	Is the dwelling under construction or undergoing major renovation?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Is the dwelling held in the name of a corporation?	<input type="checkbox"/>	<input type="checkbox"/>	17.	Is the dwelling attached to, occupied as, or converted from a commercial risk?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Is the primary heat source thermostatically controlled?	<input type="checkbox"/>	<input type="checkbox"/>	18.	Is the dwelling in foreclosure or currently 60 days or more past due on mortgage payments?	<input type="checkbox"/>	<input type="checkbox"/>
8a.	<i>If yes, what type?</i> <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil-Forced Air <input type="checkbox"/> Heat Pump <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Radiant Ceiling <input type="checkbox"/> Radiant Floor <input type="checkbox"/> Electric Wall Heaters <input type="checkbox"/> Other _____						
9.	Does the dwelling have smoke detectors?	<input type="checkbox"/>	<input type="checkbox"/>	19.	Is the dwelling located in a landslide, forest fire, or brush fire area?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Is there a supplemental heating source in the dwelling?	<input type="checkbox"/>	<input type="checkbox"/>	20.	Is the dwelling located within 1,000 feet of rising water or in an area that is prone to flooding?	<input type="checkbox"/>	<input type="checkbox"/>
10a.	If yes, was it installed by the manufacturer or a licensed contractor?	<input type="checkbox"/>	<input type="checkbox"/>	21.	Is the dwelling in an area that is isolated, not accessible by road?	<input type="checkbox"/>	<input type="checkbox"/>
	If no, Supplemental Heat Source Questionnaire required.						
10b.	Are kerosene or portable space heaters used in the dwelling?	<input type="checkbox"/>	<input type="checkbox"/>	22.	Is there an underground fuel storage or underground fuel tank on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
				23.	Does the applicant retain a residence employee who works over 20 hours per week inside the dwelling or 10 hours per week outside the dwelling?		
				24.	Has the applicant had any other policies with American Modern?	<input type="checkbox"/>	<input type="checkbox"/>

LOSS PAYEE INFORMATION

<input type="checkbox"/> Lienholder / Mortgagee <input type="checkbox"/> Additional Insured	
Name _____	Loan Number _____
Address _____	City _____ State _____ Zip _____
Is Lienholder other than a financial institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Lienholder / Mortgagee <input type="checkbox"/> Additional Insured	
Name _____	Loan Number _____
Address _____	City _____ State _____ Zip _____
Is Lienholder other than a financial institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	

DIRECT BILLING INFORMATION

REMARKS

Payment Option - Select one:	
<input type="checkbox"/> One Pay - Full Premium Required	<input type="checkbox"/> EFT *(Monthly debits from bank account.) Attach form #00220-08-G *
<input type="checkbox"/> Four Pay - 25% Down*	
New Business . . . Bill To:	At Renewal . . . Bill To:
<input type="checkbox"/> Applicant <input type="checkbox"/> Mortgagee #1	<input type="checkbox"/> Applicant <input type="checkbox"/> Mortgagee #1
<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express	
Card#: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Expiration Date: _____	Amount to be Charged \$ _____
Name on Card: _____	
Down Payment	\$ _____
Installment Fee	\$ _____
Amount Enclosed	\$ _____
Company Use Only	\$ _____

TWO PHOTOS, CLEARLY SHOWING THE FRONT AND BACK OF THE HOME, IN PROTECTION CLASS 8-10 ARE REQUIRED.

BINDER PROVISIONS

Eligible submissions accompanied by fully completed applications and all required supplemental forms will be bound on requested effective date if postmarked within 72 hours of the requested effective date.

EARTHQUAKE WAIVER

My insurance agent has fully explained the following to me: I understand that my insurance policy will not provide coverage against the peril of Earthquake. In accordance with California law, Earthquake coverage was offered to me at an additional cost on the following terms with coverage equal to the amount of coverage on the dwelling; 10%, \$1,000 minimum deductible, Coverage A \$12.50/\$1,000 or Coverage B \$5.50/\$1,000 and Coverage C \$9.50/\$1,000 for a 12 month policy term. If the loss from an Earthquake is lower than the deductible, the loss may not receive payment.

I REJECT THE OFFER FOR EARTHQUAKE COVERAGE: **X**

IMPORTANT NOTICE

As a part of our underwriting procedure, a routine inquiry may be made which will provide information concerning character, general reputation, personal and financial characteristics and mode of living. Information on the nature and scope of such a report, if one is made, will be provided upon written request. You are or may be violating state law or committing a crime knowingly to provide false, incomplete or misleading material information to an insurance company for the purpose or intent of defrauding the company. Penalties may include imprisonment, fines, denial of insurance benefits, and may subject you to civil damages.

Applicant's Signature X	Date _____
Agent's Name (Please Print) _____	
Agent's Signature _____	License No. _____ Date _____

CALIFORNIA DEPARTMENT OF INSURANCE

RACE, NATIONAL ORIGIN & GENDER FORM

Company: Check One ☐ AFH Insurance Company (070)
☐ American Modern Insurance Company (077)

Policy Number: _____ (New Business **Only**)

This information is requested by the **State of California** in order to monitor the insurer's compliance with the law. All policyholders are requested to voluntarily provide the following information:

This form will be separated from the application prior to the insurer processing the application. No such information shall be used for purposes of underwriting or rating any applicant or policyholder.

Applicant's Name and Address (to be provided in order to refer back to the applicant)

Name: _____

Street: _____

City: _____ State: CA Zip Code: _____

Application Type: (Place an "X" in the box corresponding to the line of business this policy falls under)

Dwelling ☐ Homeowners ☐ Mobile Home ☐
Motor Home ☐ Motorcycle ☐

If policyholder does not wish to provide the Department of Insurance with this information, please check here. ☐

Check the Race or National Origin as it applies to the Applicant:

	Applicant			Co-Applicant		
	Male	Female	Business	Male	Female	Business
African-American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Indian or Alaskan Native	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian / Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

After completion, please submit via fax, e-mail or mail to the following:

Fax: 1-800-217-5150
Attention: 4th Floor Document Control

E-mail:
service@amig.com

Mail To:
American Modern Insurance Group
PO Box 5323
Cincinnati, Ohio 45201
Attn: 4th Floor Document Control