

 <p>AMERICAN MODERN INSURANCE GROUP Manufactured Homeowners Insurance Application</p>	<p>Check Company Applicable: <input type="checkbox"/> 070 American Family Home <input type="checkbox"/> 077 American Modern Home <input type="checkbox"/> 078 American Western Home <input type="checkbox"/> 080 American Southern Home <input type="checkbox"/> Other _____</p>	<p>Policy Number </p>
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Agency Number 	PHONE: 402-483-2823 FAX: 402-483-7239	Subproducer Number 	PHONE ()
AGENCY NAME INSURANCE MARKETPLACE INC		SUBPRODUCER NAME _____	
ADDRESS P O BOX 6427		ADDRESS _____	
CITY/STATE/ZIP LINCOLN NE 68506		CITY/STATE/ZIP _____	

APPLICANT INFORMATION							
LAST NAME	FIRST	MIDDLE INITIAL	HOME PHONE ()	WORK PHONE ()	E-mail Address		
MAILING ADDRESS			CITY	STATE	ZIP	COUNTY	
DATE OF BIRTH	OCCUPATION	MARITAL STATUS	SOCIAL SECURITY NUMBER				
CO-APPLICANT'S LAST NAME	FIRST	MIDDLE INITIAL	SOCIAL SECURITY NUMBER		DATE OF BIRTH		
LOCATION OF HOME	CITY	STATE	ZIP	COUNTY			
PARK / COMMUNITY NAME WHERE HOME IS LOCATED						LOT #	
PERIOD OF INSURANCE 12:01 A.M. STANDARD TIME	EFFECTIVE DATE	EXPIRATION DATE	MONTHS				

MORTGAGEE/LIENHOLDER/LOSS PAYEE <input type="checkbox"/> (Mark box for additional Mortgagee and show in "Remarks" on back of application.)	
NAME	ACCT./LOAN #
ADDRESS	CITY STATE ZIP

DESCRIPTION OF HOME				
YEAR	MAKE / MODEL	SERIAL NUMBER	LENGTH	WIDTH

<p>PHYSICAL CHARACTERISTICS</p> <p>HOW IS THE HOME USED?</p> <p><input type="checkbox"/> Primary Residence (Owner Occupied) <input type="checkbox"/> Seasonal Residence (Owner Occupied) <input type="checkbox"/> Rental <input type="checkbox"/> Commercial <input type="checkbox"/> Tenant</p> <p>How many miles is home from Fire Dept.? _____</p> <p>LOCATION</p> <p>Is the home located in a park with:</p> <p><input type="checkbox"/> 25 or Less Spaces <input type="checkbox"/> 101 or More <input type="checkbox"/> 26 - 50 <input type="checkbox"/> Not in Park, on Private Property <input type="checkbox"/> 51 - 100 <input type="checkbox"/> Unknown</p> <p style="text-align: right;">YES NO</p> <p>Is home on permanent foundation <input type="checkbox"/> <input type="checkbox"/></p> <p>Is land owned by client? <input type="checkbox"/> <input type="checkbox"/></p> <p>Does home have a composite roof? <input type="checkbox"/> <input type="checkbox"/></p> <p>Does home have protective siding? <input type="checkbox"/> <input type="checkbox"/></p> <p>Is the home located inside city limits? <input type="checkbox"/> <input type="checkbox"/></p> <p>Is home tied down? <input type="checkbox"/> <input type="checkbox"/></p> <p>Has the home been previously titled? <input type="checkbox"/> <input type="checkbox"/></p> <p>Is the risk a modular home? <input type="checkbox"/> <input type="checkbox"/></p>	<p>PURCHASE DATE _____</p> <p>PURCHASE PRICE (Excluding land, if applicable) _____</p> <p>Dwelling Limit \$ _____</p>	<p style="text-align: center;">IMPORTANT: CHART OR PRODUCT PLUS ADD-ON CODES MUST BE ENTERED</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Territory</th> <th style="width:20%;">Product Code</th> <th style="width:50%;">Premium From Rate Manual</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Dwelling (Incl. Attached Structures)</td> <td style="text-align: center;">Codes _____</td> <td style="text-align: center;">Limit of Liability \$ _____ Premium \$ _____</td> </tr> <tr> <td>Personal Property</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">\$ _____ \$ _____</td> </tr> <tr> <td>Adjacent / Other Structures</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">\$ _____ \$ _____</td> </tr> <tr> <td>Personal Liability / Premises Liability</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">\$ _____ \$ _____</td> </tr> <tr> <td>Deductible</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">\$ _____ \$ _____</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">\$ _____ \$ _____</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">\$ _____ \$ _____</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">\$ _____ \$ _____</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">\$ _____ \$ _____</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">\$ _____ \$ _____</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">\$ _____ \$ _____</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">\$ _____ \$ _____</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: right;">TOTAL PREMIUM \$ </td> </tr> </tbody> </table>	Territory	Product Code	Premium From Rate Manual			\$ _____	Dwelling (Incl. Attached Structures)	Codes _____	Limit of Liability \$ _____ Premium \$ _____	Personal Property	_____	\$ _____ \$ _____	Adjacent / Other Structures	_____	\$ _____ \$ _____	Personal Liability / Premises Liability	_____	\$ _____ \$ _____	Deductible	_____	\$ _____ \$ _____	_____	_____	\$ _____ \$ _____	_____	_____	\$ _____ \$ _____	_____	_____	\$ _____ \$ _____	_____	_____	\$ _____ \$ _____	_____	_____	\$ _____ \$ _____	_____	_____	\$ _____ \$ _____	_____	_____	\$ _____ \$ _____			TOTAL PREMIUM \$
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DIRECT BILL INFORMATION		
<p>PAYMENT OPTION - Select One:</p> <p><input type="checkbox"/> One pay - Full Premium Required <input type="checkbox"/> Four pay - 25% down <input type="checkbox"/> Ten pay - 16.3% down* <input type="checkbox"/> E-Z Pay (EFT - Monthly debits from bank account.) Attach form #00220-08-G</p>	<p><input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express</p> <p>Card#: - - - </p> <p>Expiration Date: _____ Amount to be Charged \$ _____</p> <p>Name on Card: _____</p>	<p>Down Payment \$ _____</p> <p>Installment Fee \$ _____</p> <p>Amount Enclosed \$ _____</p>
<p>New Business Bill To: <input type="checkbox"/> Applicant <input type="checkbox"/> Mortgagee/Lienholder/Loss Payee</p> <p>At Renewal Bill To: <input type="checkbox"/> Applicant <input type="checkbox"/> Mortgagee/Lienholder/Loss Payee</p>		<p>Co. Use Only \$ _____</p>

UNDERWRITING QUESTIONS All questions must be answered. (Explain any YES answers in "Remarks" below.)

	YES	NO
1. Does the home have a supplemental heating device?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the applicant unemployed other than disabled or retired?	<input type="checkbox"/>	<input type="checkbox"/> Do Not Bind / Do Not Submit
3. Has the applicant filed for bankruptcy in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/> Do Not Bind / Do Not Submit
4. Has the applicant had any similar insurance declined, canceled or non-renewed? (Not applicable in MO or MN).	<input type="checkbox"/>	<input type="checkbox"/> Do Not Bind / Submit for approval
5. Is the dwelling currently uninsured?	<input type="checkbox"/>	<input type="checkbox"/> Do Not Bind / Do Not Submit
6. Is there a swimming pool on the premises that is not enclosed by a fence at least 4 feet tall with a locking gate -or- if above ground, does not have steps/ladder that can be secured or removed when not in use?	<input type="checkbox"/>	<input type="checkbox"/> Policy MUST be submitted without liability
7. Does the applicant own any large, unusual or vicious animals? (includes pitbulls, rottweilers, dobermans, chows, wolf hybrids, any exotic animals)	<input type="checkbox"/>	<input type="checkbox"/> Policy MUST be submitted with Animal Liability Exclusion; or written without Liability
8. Is the home located on a site with prior occurrences of brushfires, landslides or flooding?	<input type="checkbox"/>	<input type="checkbox"/> Do Not Bind / Do Not Submit
9. Is the home located on an island, or within a 1000 feet of a river or seacoast?	<input type="checkbox"/>	<input type="checkbox"/> Do Not Bind / Do Not Submit
10. Is the home supported on raised poles or pilings?	<input type="checkbox"/>	<input type="checkbox"/> Do Not Bind / Do Not Submit
11. Is the home under construction, undergoing renovations that require the home to be vacated, or not connected to utility services?	<input type="checkbox"/>	<input type="checkbox"/> Do Not Bind / Do Not Submit
12. Is income derived from a commercial, farming or business operation on the premises?	<input type="checkbox"/>	<input type="checkbox"/> Do Not Bind / Do Not Submit
13. Is the home vacant?	<input type="checkbox"/>	<input type="checkbox"/> Do Not Bind / Do Not Submit
14. Is the home under foreclosure or are mortgage payments 60 days or more past due?	<input type="checkbox"/>	<input type="checkbox"/> Do Not Bind / Do Not Submit
15. Does the home have more than two lienholder mortgagees?	<input type="checkbox"/>	<input type="checkbox"/> Do Not Bind / Do Not Submit
16. Has the applicant had ANY Fire, Theft, Liability, Water and/or Flood loss in the last five (5) years?	<input type="checkbox"/>	<input type="checkbox"/> Do Not Bind / Submit for approval
17. Has the applicant had two (2) or more Fire, Theft, Liability, Water and/or Flood losses, in any combination, in the last five (5) years?	<input type="checkbox"/>	<input type="checkbox"/> Do Not Bind / Do Not Submit
18. Has the applicant had three (3) or more property losses in the last five (5) years?	<input type="checkbox"/>	<input type="checkbox"/> Do Not Bind / Do Not Submit
19. Are there any attached or unattached structures on the premises?	<input type="checkbox"/>	<input type="checkbox"/> List structures below
20. Is there any unrepaired damage or boarded-up windows?	<input type="checkbox"/>	<input type="checkbox"/> Do Not Bind / Do Not Submit
21. Does the dwelling have any unrepaired water damage or any water leaks?	<input type="checkbox"/>	<input type="checkbox"/> Do Not Bind / Do Not Submit

LOSS HISTORY - MUST LIST ALL OF APPLICANT'S LOSSES FOR THE LAST THREE YEARS.

Date of Loss	Cause	Description (If none, write "None")	Amount of Loss
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

STRUCTURES ATTACHED TO THE HOME

Description	Construction Type	Size	Age	Actual Cash Value	Replacement Cost

STRUCTURES ON PREMISES (Including Satellite Antenna) NOT ATTACHED TO THE HOME

Description	Construction Type	Size	Age	Actual Cash Value	Replacement Cost

If additional insured, provide information in "Remarks" section below.

REMARKS

STATEMENT OF INSPECTION INQUIRY

As a part of our underwriting procedures, a routine inquiry may include obtaining an investigative consumer and credit report involving 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 obtained, will be provided upon written request.

BINDER PROVISIONS

If the application indicates coverage is bound, then such insurance as is afforded by this binder is subject to the declarations, conditions, exclusions and other terms of the applicable policy form as is used by the Company in the state where the risk is located. This binder shall terminate automatically at the earliest of (1) 30 days from the effective date, (2) immediately on notice of cancellation by the named insured or the Company, or (3) on its effective date if replaced by a policy with an effective date the same date as that of the binder. If this binder is not replaced by a policy, a premium shall be charged for the period the binder is in effect. **IS COVERAGE BOUND?** YES NO

SIGNATURES

I hereby declare that to the best of my knowledge and belief all information and statements above are true and complete. These facts and statements are offered as an inducement to the Company to issue the Policy. In connection with this application for insurance, we may review your claims history or loss experience and may report future claims made by you to a claims history provider. I understand that I am 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 me to civil damages. **When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.**

Agent's Name (Print or Type) _____	Agent's License Identification No. _____
Agent's Signature _____	Date _____
Applicant's Signature _____	Date _____