

American Security Insurance Company

11222 Quail Roost Drive, Miami, FL 33157-6596 • 305.253.2244

SPECIALTY HOMEOWNERS PROGRAM APPLICATION - MINNESOTA

Policy Period: 12:01 a.m., Standard Time, at the location of your Insured dwelling below.

POLICY INFORMATION		Effective Date	Expiration Date	Term in Months	Account Number (7 Digits)	Policy Number	
BILLING INFORMATION	At Time of Issue	Renewal Bill		Credit Card / Electronic Fund Transfer Payment Method			
	1. <input type="checkbox"/> Bill Insured _____ payment plan 2. <input type="checkbox"/> Full Payment 3. <input type="checkbox"/> Bill Account 4. <input type="checkbox"/> Bill Lienholder Payment Amount \$_____	1. <input type="checkbox"/> Bill Account 2. <input type="checkbox"/> Bill Lienholder 3. <input type="checkbox"/> Bill Insured _____ payment plan	I hereby authorize the necessary premium(s) to be charged to my credit card or deducted from my bank account as indicated below for the coverage I have selected. <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> Visa <input type="checkbox"/> Master Card Exp. Date _____ Credit Card No. []			<input type="checkbox"/> CHECKING ACCOUNT Account No. [] Routing No. [][][][][][][][][][][][][][][]	
INSURED NAME AND MAILING ADDRESS	AREA CODE & PHONE ()		DATE OF BIRTH / /		Additional Insured Name and Mailing Address		
	LIENHOLDER NAME AND ADDRESS				Agent Name and Address		
LOCATION OF YOUR DWELLING (If different than mailing address)		LOAN NO.					
DESCRIPTION OF DWELLING	Manufactured Home			Modular Home			
	Model Year	Length FT	Width FT	Serial Number	Additional Serial Number	Year Built	
	Trade Name & Model				Is Home Tied Down?	Fully Skirted / Enclosed Foundation?	Purchase Date
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Month Year
	Purpose of Use				Is Home in a Park / Subdivision (Must be over 25 homes)	Territory	County
<input type="checkbox"/> OWNER OCCUPIED <input type="checkbox"/> RENTAL <input type="checkbox"/> TENANT <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> SEASONAL				<input type="checkbox"/> Yes <input type="checkbox"/> No		Rating Tier	
<input type="checkbox"/> STANDARD <input type="checkbox"/> PREFERRED		Credit / Surcharge					
<input type="checkbox"/> NEW PURCHASE CREDIT <input type="checkbox"/> AGE OF DWELLING COMPONENTS PREMIUM ADJUSTMENT * <input type="checkbox"/> Other _____							
* Age of dwelling components premium adjustment does not apply to a home in which the roof, electrical and plumbing systems have been upgraded within the last 4 years. Documentation from a building inspector must be attached to this application. <input type="checkbox"/> Yes, my dwelling meets the requirement above and documentation is attached.							
UNDERWRITING QUESTIONS	1. Does the applicant currently own the home? (Answer 'no' if you are in the process of purchasing the home or will be purchasing the home in the future.) If yes, answer the following questions:					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	a. Have you had two or more losses within the past three years involving theft, fire or water damage?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	b. Is the home in the process of foreclosure or repossession at the time of this application?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	c. Is the home vacant? (For the purpose of this question, a home is not considered vacant during the delivery and setup period.)					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	2. If the applicant(s) answers yes to any of the following questions, the policy cannot be issued with comprehensive personal liability coverage:						
a. Do you own an animal that has caused bodily injury to anyone in the past 3 years? (VA applicants are eligible for liability, but limited to \$25,000)					<input type="checkbox"/> Yes <input type="checkbox"/> No		
b. Is there a pool on the property that is not enclosed by a locking fence that is at least 4 feet high?					<input type="checkbox"/> Yes <input type="checkbox"/> No		
c. Do you have a pool with a diving board on the premises?					<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. If the applicant (s) answers "yes" to the following questions, a maximum limit of \$25,000 comprehensive personal liability coverage applies:							
a. Do you have a business (including day-care), which brings visitors to the premises? (Risks in Maryland with day-care on the premises can be submitted to underwriting for approval.)					<input type="checkbox"/> Yes <input type="checkbox"/> No		
b. Is there a trampoline at the insured premises?					<input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Does the home currently have any preexisting damage that has not been repaired?					<input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Do you have a lienholder or mortgagee? If no, answer the following question:					<input type="checkbox"/> Yes <input type="checkbox"/> No		
a. Is your home currently insured?					<input type="checkbox"/> Yes <input type="checkbox"/> No		

THE INSURER MAY ELECT TO CANCEL COVERAGE AT ANY TIME DURING THE FIRST 59 DAYS FOLLOWING ISSUANCE OF THE COVERAGE FOR ANY REASON WHICH IS NOT SPECIFICALLY PROHIBITED BY STATUTE.

COVERAGES: THIS POLICY PROVIDES ONLY THE INSURANCE FOR WHICH A SPECIFIC PREMIUM CHARGE IS INDICATED BELOW OR WHICH IS INDICATED AS INCLUDED WITHOUT SPECIFIC CHARGE EITHER BELOW OR IN **YOUR** POLICY. DETAILED DESCRIPTIONS AND ANY LIMITATIONS WILL BE FOUND IN **YOUR** POLICY.

Basic Coverages				Additional Protection & Endorsements				
Limit of Liability	Coverage	Deductible	Premium	Coverage			Premium	
\$ _____	Dwelling	\$ _____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dwelling Replacement Cost Coverage	\$ _____	
\$ _____	Adjacent Structures	\$ _____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Personal Property Replacement Cost Coverage	\$ _____	
\$ _____	Personal Property Coverage	\$ _____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Stated Value	\$ _____	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dwelling Full Cost to Repair	\$ _____	
\$ _____	Personal Liability Per Occurrence		\$ _____	Credits Do Not Apply To The Following				
\$ _____	Medical Payments Per Person/Per Occurrence		\$ _____				Policy Fee	\$ _____
\$ _____	Damage to Property of Others Per Occurrence		\$ _____				Catastrophe Premium	\$ _____
							State Surcharge(s)	\$ _____
						State / Municipal Tax(es)	\$ _____	
This area to be used to show additional endorsements and/or information.						ADDITIONAL PREMIUM	\$ _____	
						TOTAL POLICY PREMIUM	\$ _____	

Wind Deductible	Hail Deductible	Earthquake Deductible	Flood Deductible	Hurricane Deductible	All Other Perils
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
INSURED'S SIGNATURE X		INSURED NAME			DATE / /
AGENT SIGNATURE/LICENSE NUMBER X		PRINT AGENT NAME			TELEPHONE NUMBER ()

NOTICE CONCERNING POLICYHOLDER RIGHTS IN AN INSOLVENCY UNDER THE MINNESOTA INSURANCE GUARANTY ASSOCIATION LAW

The financial strength of your insurer is one of the most important things for you to consider when determining from whom to purchase a property or liability insurance policy. It is your best assurance that you will receive the protection for which you purchased the policy. If your insurer becomes insolvent, you may have protection from the Minnesota Insurance Guaranty Association as described below but to the extent that your policy is not protected by the Minnesota Insurance Guaranty Association or if it exceeds the guaranty association's limits, you will only have the assets, if any, of the insolvent insurer to satisfy your claim.

Residents of Minnesota who purchase property and casualty or liability insurance from insurance companies licensed to do business in Minnesota are protected, **SUBJECT TO LIMITS AND EXCLUSIONS**, in the event the insurer becomes insolvent. This protection is provided by the Minnesota Insurance Guaranty Association.

Minnesota Insurance Guaranty Association
7600 Parklawn Avenue, Suite 460
Edina, Minnesota 55435-5137
(952) 831-1908

The maximum amount that the Minnesota Insurance Guaranty Association will pay in regard to a claim under all policies issued by the same insurer is limited to \$300,000. This limit does not apply to workers' compensation insurance. Protection by the guaranty association is subject to other substantial limitations and exclusions. If your claim exceeds the guaranty association's limits, you may still recover a part or all of that amount from the proceeds from the liquidation of the insolvent insurer, if any exist. Funds to pay claims may not be immediately available. The Guaranty Association assesses insurers licensed to sell property and casualty or liability insurance in Minnesota after the insolvency occurs. Claims are paid from the assessment.

THE PROTECTION PROVIDED BY THE GUARANTY ASSOCIATION IS NOT A SUBSTITUTE FOR USING CARE IN SELECTING INSURANCE COMPANIES THAT ARE WELL MANAGED AND FINANCIALLY STABLE. IN SELECTING AN INSURANCE COMPANY OR POLICY, YOU SHOULD NOT RELY ON PROTECTION BY THE GUARANTY ASSOCIATION.

THIS NOTICE IS REQUIRED BY MINNESOTA STATE LAW TO ADVISE POLICYHOLDERS OF PROPERTY AND CASUALTY INSURANCE POLICIES OF THEIR RIGHTS IN THE EVENT THEIR INSURANCE CARRIER BECOMES INSOLVENT. THIS NOTICE IN NO WAY IMPLIES THAT THE COMPANY CURRENTLY HAS ANY TYPE OF FINANCIAL PROBLEMS. ALL PROPERTY AND CASUALTY INSURANCE POLICIES ARE REQUIRED TO PROVIDE THIS NOTICE.

DISCLOSURE OF INFORMATION CONCERNING MY INSURANCE PURCHASE

APPLICANT NAME

Agency Code No.

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I understand that:

1. The Coverages, amounts and the Total Premium listed on my insurance application have been reviewed by me. I agree that they meet my present insurance needs. I understand that I may choose Coverages and amounts in excess of the requirements of my loan.
2. I may purchase insurance from any agent or insurance company to satisfy the insurance requirements of my loan contract. I have elected to purchase my insurance from American Security Insurance Company through the agent signing on the bottom of this form.
3. I am paying the premium for this policy. I have not been offered any free coverage. If I choose to finance the policy premium, my lender will pay it and add the premium cost to my loan. I will repay the premium to the lender, plus interest, over the life of my loan. This will increase my monthly payment throughout the entire life of my loan.
4. My insurance needs may change over time. It is my responsibility to review my policy from time-to-time to make sure that I have the Coverages and amount of insurance that I want and need. I may contact my agent or American Security Insurance Company to change the Coverages or amounts. American Security Insurance Company will process Coverage or amount changes subject to its normal underwriting review.
5. Licensed agents, agencies and/or service providers, including my lender, will receive compensation from the sale of this policy to me. This compensation will be paid out of premium.
6. If I no longer want this policy, it may be canceled by notifying my agent or American Security Insurance Company in writing. The cost of the insurance for the period the policy was in effect will be deducted prior to the unearned premium being refunded or credited to my loan balance if I finance the premium. If I finance my home and cancel this policy, the loan agreement still requires me to maintain insurance coverage. If I cancel this policy, I must replace it with other insurance acceptable to my lender. If I fail to maintain insurance required by my loan agreement, my lender may buy insurance for me and charge me for the insurance premium.

I acknowledge that I have read and understand the above items and have voluntarily chosen to sign this document.

BUYER'S SIGNATURE

X

DATE

/ /

CO-BUYER'S SIGNATURE

X

DATE

/ /

I certify that I have discussed with the Buyer and the Co-Buyer the terms of the insurance transaction, including the issues addressed in the disclosures above

INSURANCE AGENT'S SIGNATURE

X

DATE

/ /