



AMERICAN MODERN INSURANCE GROUP, INC.

- American Modern Home
- American Family Home
- American Southern Home
- American Modern Lloyds
- American Modern Surplus Lines
- American Modern Insurance
- Consumer County Mutual Insurance

10+ DWELLING LIABILITY SUPPLEMENTAL

Applicable to Illinois Only; We are in compliance with the Religious Freedom Protection and Civil Union Act.

Liability supplement should accompany the Acord General Liability Application

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Do any of the following exposures exist on rental premises? | | |
| a. Swimming Pools. If yes, provide Bldg #s: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Spas, Hot Tubs or Jacuzzi. If yes, provide Bldg #s: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Trampolines. If yes, provide Bldg #s: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Day Care Operations. If yes, provide Bldg #s: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Lead Paint. If yes, provide Bldg #s: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have any animal bite incidents occurred on any rental premises in the past 5 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are any buildings undergoing renovations or reconstruction? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Cosmetic. If yes, provide Bldg #s: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Structural. If yes, provide Bldg #s: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please explain and provide estimated completion date: _____ | | |
| 4. Has "Chinese Drywall" been used in the construction or repair of any building?
If yes, provide Bldg #s: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you use independent Contractors?
If yes, do you obtain a certificate of insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are there working smoke detectors on the premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Hard Wired | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Battery Operated | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have working Carbon Monoxide detectors? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Hard Wired | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Battery Operated | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is there a procedure in place to replace smoke detector batteries? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do any buildings have knob and tube wiring? If yes, provide Bldg #s: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do any buildings have aluminum wiring? If yes, provide Bldg #s: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you abide by all state tenant/landlord laws? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do all steps/porches have properly secured handrails? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Is there outside egress from 3 rd floor? Describe: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Vacant Dwellings

N/A ■

In addition to the above, please respond to the following for vacant dwellings

- What is the anticipated length of vacancy? _____
- What is intent with vacant dwellings? Sale Rent Other, explain: _____
- What is the maximum amount of time any one dwelling has been vacant? _____
- How often are physical checks made of unit? _____
a. By whom? _____
- Is heat maintained? Yes No
- Do any of the following exposures exist?
a. Swimming pools? Yes No
b. Spas, Hot Tubs or Jacuzzi? Yes No

Vacant Land

N/A ■

Please respond to the following for Vacant Land

- | | | |
|--|--------------------------|--------------------------|
| 1. Any Real Estate Development activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Any water exposure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Any Activities taking place, such as hunting, dirt bike/ATV riding, etc.? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If yes, to 1, 2 or 3, please explain: (1.) _____ | | |
| (2.) _____ | | |
| (3.) _____ | | |

Lessor's Risk Exposures

N/A ■

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

- | | | |
|---|--------------------------|--------------------------|
| 1. Does the tenant maintain liability coverage? If yes, Liability Limit: \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you obtain a certificate of insurance from tenant? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is there any Commercial cooking exposures? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If yes, please explain: _____ | | |

Applicant's Signature: _____

Producer Signature: _____