

## EVIDENCE OF PROPERTY INSURANCE

American Family Insurance Company   
 American Family Mutual Insurance Company if selection box is not checked.  
 6000 American Pky Madison, Wisconsin 53783-0001

Agent's Name, Address and Phone Number (Agt./Dist.)

**This is evidence that the company indicated has the following insurance in force and conveys all the rights and privileges afforded under the policy.**

Insured's Name and Address

	Policy Number
Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY) *

PROPERTY INFORMATION	
PROPERTY LOCATION	PROPERTY DESCRIPTION (For Business Insurance Only, indicate # of Stories, Construction, Use or Occupancy, Equipment Description/Serial #)

COVERAGES							
Personal Lines - Property		Farm/Ranch Lines		Business Insurance			
Policy Type		Policy Type		Policy Type	Form		
<input type="checkbox"/> HO 1	<input type="checkbox"/> HO 5/GS	<input type="checkbox"/> MH 1	<input type="checkbox"/> DP 01	<input type="checkbox"/> FR 02	<input type="checkbox"/> FR MH 01 (GA)	<input type="checkbox"/> Businessowners	<input type="checkbox"/> Named Peril
<input type="checkbox"/> HO 2	<input type="checkbox"/> HO 6	<input type="checkbox"/> MH 3	<input type="checkbox"/> DP 02	<input type="checkbox"/> FR 03	<input type="checkbox"/> FR MH 03	<input type="checkbox"/> Business Key	<input type="checkbox"/> Basic
<input type="checkbox"/> HO 3	<input type="checkbox"/> CV 1	<input type="checkbox"/> MHGS	<input type="checkbox"/> BO	<input type="checkbox"/> FR 04		[ ] Property	<input type="checkbox"/> Broad
<input type="checkbox"/> HO 4	<input type="checkbox"/> CV 3			<input type="checkbox"/> FR 05		[ ] Inland Marine	<input type="checkbox"/> Special
Amount of Insurance		Amount of Insurance		Amount of Insurance			
Cov. A Dwelling	\$ _____	Cov. A Dwelling	\$ _____	Building	\$ _____		
Cov. B Pers. Property	\$ _____	Cov. B Pers. Property	\$ _____	Bus. Pers. Property	\$ _____		
Cov. B Other Struct. (Fire & E.C.)	\$ _____	Sec. III Pers. Prop. Blanket	\$ _____	Other _____	\$ _____		
Cov. C Pers. Prop. (Fire & E.C.)	\$ _____	Sec. III Schedule	\$ _____				
Boatowners - Sect. I	\$ _____	Sec. IV Outbldgs.	\$ _____				
Other	\$ _____	Other	\$ _____				
Deductible	\$ _____	Deductible Sec. I	\$ _____	Deductible-Bldg.	\$ _____		
		Deductible Sec. III	\$ _____	Deductible-Bus. Pers. Prop.	\$ _____		
		Deductible Sec. IV	\$ _____	Deductible _____	\$ _____		

REMARKS (Including Special Conditions/Endorsements)

EFFECTIVE DATE/RENEWAL OF COVERAGE/CANCELLATION
<p><b>EFFECTIVE DATE</b> - Date additional interest is added.</p> <p><b>RENEWAL OF COVERAGE / CANCELLATION</b> - This policy may be continued for successive policy periods by payment of the required premium on or before the effective date of each renewal period. If this policy is terminated, the company will give the additional interest identified below written notice. The delivery of this notice shall be subject to the laws of the state where this policy is issued. We will provide the insurance described in this policy in return for your premium payment and compliance with policy provisions.</p> <p>*The Expiration Date is changed to read "UNTIL CANCELLED".</p>

ADDITIONAL INTEREST NAME AND ADDRESS	NATURE OF INTEREST
	_____
	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
DATE ISSUED	AUTHORIZED REPRESENTATIVE

**TO AGENT: It is very important that you mail a copy to American Family on the day issued, along with the application.**