

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	
Policy Type		Policy Type	
<input type="checkbox"/> HO 1 <input type="checkbox"/> HO 5/GS <input type="checkbox"/> MH 1 <input type="checkbox"/> DP 01 <input type="checkbox"/> HO 2 <input type="checkbox"/> HO 6 <input type="checkbox"/> MH 3 <input type="checkbox"/> DP 02 <input type="checkbox"/> HO 3 <input type="checkbox"/> CV 1 <input type="checkbox"/> MHGS <input type="checkbox"/> BO <input type="checkbox"/> HO 4 <input type="checkbox"/> CV 3		<input type="checkbox"/> FR 02 <input type="checkbox"/> FR MH 01 (GA) <input type="checkbox"/> FR 03 <input type="checkbox"/> FR MH 03 <input type="checkbox"/> FR 04 <input type="checkbox"/> FR 05	
Amount of Insurance		Amount of Insurance	
Cov. A Dwelling \$ _____		Cov. A Dwelling \$ _____	
Cov. B Pers. Property \$ _____		Cov. B Pers. Property \$ _____	
Cov. B Other Struct. (Fire & E.C.) \$ _____		Sec. III Pers. Prop. Blanket \$ _____	
Cov. C Pers. Prop. (Fire & E.C.) \$ _____		Sec. III Schedule \$ _____	
Boatowners - Sect. I \$ _____		Sec. IV Outbldgs. \$ _____	
Other \$ _____		Other \$ _____	
Deductible \$ _____		Deductible Sec. I \$ _____	
		Deductible Sec. III \$ _____	
		Deductible Sec. IV \$ _____	
REMARKS (Including Special Conditions/Endorsements)			
EFFECTIVE DATE/RENEWAL OF COVERAGE/CANCELLATION			
EFFECTIVE DATE - Date additional interest is added.			
RENEWAL OF COVERAGE / CANCELLATION - 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.			
*The Expiration Date is changed to read "UNTIL CANCELLED".			
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.