

MISSISSIPPI RESIDENTIAL PROPERTY INSURANCE UNDERWRITING ASSOCIATION (MRPIUA) APPLICATION

This Application must be typed or printed. P.O. Box 5389 - Jackson, Mississippi 39296-5389

THIS IS NOT A BINDER. NO INSURANCE HAS BEEN PLACED.

Producing Agent Name: _____ Address 1: _____ Address 2: _____ City, St Zip: _____ Phone: _____	COMPLETE THIS SECTION IF NEW APPLICATION Protection Class: _____ Date Constructed: _____ Has applicant previously applied to MRPIUA for coverage at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No Requested Effective Date: _____																				
Applicant Name: _____ Address 1: _____ Address 2: _____ City, St Zip: _____ Phone: _____	Name of Person Inspector May Contact _____ Phone Number _____ Approved roof? <input type="checkbox"/> Yes <input type="checkbox"/> No Est. A.C.V. Bldg.: _____ Outbuilding? <input type="checkbox"/> Yes <input type="checkbox"/> No # of Stories: _____ Families: _____																				
Description and Location of Property Address 1: _____ Address 2: _____ City, St Zip: _____ County: _____ Occupancy type? <input type="checkbox"/> Tenant <input type="checkbox"/> Owner Construction type? <input type="checkbox"/> Frame <input type="checkbox"/> Masonry Modular home? <input type="checkbox"/> Yes <input type="checkbox"/> No	INSPECTION FEE NON-REFUNDABLE One or two family dwelling and/or contents.....\$30 Applicable only to one or two family, private dwellings, including farm dwellings, and private auxiliary outbuildings connected with such private dwellings. Trailer or Auto Home risks located in the Seacoast Zone (Counties of George, Hancock, Harrison, Jackson, Pearl River and Stone). Attach certificate (MRPIUA Form No. J) from a local building inspector, contractor, engineer, or architect certifying that the Trailer or Auto Home is anchored and secured in substantial compliance with the Standard Building Code, including the design-wind requirements therein.																				
Mobile Home Details Make: _____ Model: _____ Width (ft.): _____ ID #: _____ Length (ft.): _____ Second ID #: _____	Class 10 Premium Credit for Certified Fire Department Municipality providing fire dept. response: _____ Name and location (include county) of the Certified Fire Department: _____ -OR- Within 5 miles travel distance from responding fire station? <input type="checkbox"/> Yes <input type="checkbox"/> No																				
Additional Interest(s): <small>If a mortgage, subject to the provisions of the mortgage clause attached hereto, loss, if any, on building items, shall be payable to said mortgagee.</small> Interest Type: _____ Interest Name: _____ Address 1: _____ Address 2: _____ City, St Zip: _____	Suburban Classification Name of Municipality or Legal Fire District: _____ Distance from the corporate limits of municipality or boundary limits of legal fire district: _____ Distance from standard public fire hydrant: _____ Small mercantile? <input type="checkbox"/> Yes <input type="checkbox"/> No Deductible - \$500																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Coverage</th> <th style="width: 15%;">Amount of Insurance</th> <th style="width: 15%;">Fire Premium</th> <th style="width: 15%;">EC Premium</th> <th style="width: 35%;">Premium Due at Inception</th> </tr> </thead> <tbody> <tr> <td>Building</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Contents</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5" style="text-align: center;">Total Premium Due at Inception:</td> </tr> </tbody> </table>	Coverage	Amount of Insurance	Fire Premium	EC Premium	Premium Due at Inception	Building					Contents					Total Premium Due at Inception:					Dwelling(s) built in substantial accordance with the local building code? <input type="checkbox"/> Yes <input type="checkbox"/> No Dwelling vacant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete and attach Form V. If scheduling is desired, type in "See Schedule Attached" in the Description and Location of Property box and the amount of insurance section of this application, and attach a completed Miss. No. 170-R form.
Coverage	Amount of Insurance	Fire Premium	EC Premium	Premium Due at Inception																	
Building																					
Contents																					
Total Premium Due at Inception:																					
Calculation: 1 _____ + 2 _____ = 3 _____ Total Premium Plus Inspection Fee Amount Due																					
Bill to: <input type="checkbox"/> Insured <input type="checkbox"/> Mortgagee <input type="checkbox"/> Other Name: _____ Address: _____ City, St Zip: _____																					

Mississippi Residential Property Insurance Underwriting Association

Conditions Applying to Applicant(s)

I (we), as the applicant(s) for fire and extended coverage insurance in the Mississippi Residential Property Insurance Underwriting Association, fully understand and accept the following conditions as part of my (our) contract, if coverage is accepted by this Association. 1. The producing agent is my agent, not the agent of Mississippi Residential Property Insurance Underwriting Association. 2. Any documents or statements made by my agent, whether expressed or implied, do not bind this Association in any way. 3. I understand that my agent cannot warrant or guarantee the effective date, the amount of coverage acceptable, the property meeting minimum underwriting standards or any other material fact that may cause this application to be approved or rejected by this Association. 4. Provided the application is acceptable, coverage is not bound until received by this Association. 5. If a named storm, as designated by the U.S. Weather Bureau, is within the boundaries of 80 degrees West Longitude and 20 degrees North Latitude, no new applications or increased coverage can be accepted. 6. Coverage will not be bound on new applications, unless the application completed, legible and signed. 7. I understand my property must be built in substantial accordance with the local building code.

Additionally, this application is made with the understanding that, upon request, I (we) agree to accompany your inspectors while inspecting this property. I (we) understand that this application in no way binds any company to afford insurance on the described property. Inspection(s) made under the program and any report of the inspection(s) is for insurance underwriting purposes. Regardless of whether a policy is issued, neither the Insurer, the Mississippi State Rating Bureau nor the Mississippi Residential Property Insurance Underwriting Association will be liable for any injury or damage claimed to arise from the inspection(s), omissions from such inspection(s) or report(s) or from compliance or non-compliance by the property owner or owners with the recommendations, if any, contained in said inspection report(s). Nothing contained in or omitted from said inspection report(s) shall be construed to infer or imply that the hazardous physical conditions, if any, so noted or omitted, constitute all such conditions existing on the property at the time of said inspection(s). Permission is granted to submit copies of any inspection or action report(s) to the Mississippi Insurance Commissioner, Mississippi State Rating Bureau, insurers and their agents or representatives.

(Note: In compliance with Public Law 91-508, this is to inform you that in connection with this application for insurance (1) an investigation may be made as to your insurability, including, if applicable, information as to character, general reputation, personal characteristics and mode of living; and (2) additional information as to the nature and scope of any investigation requested will be furnished to you, upon your written request made within a reasonable time after you received this notice.)

Conditions Applying to Applicant's Agent

I, as a Licensed Mississippi Agent, fully understand and accept the provisions of the Mississippi Residential Property Insurance Underwriting Association and the following conditions applicable thereto: 1. I am the applicant's agent, not Mississippi Residential Property Insurance Underwriting Association's. 2. I cannot bind coverage or in any way obligate this Association. 3. If a named storm, as designated by the U.S. Weather Bureau, is within boundaries of 80 degrees West Longitude and 20 degrees North Latitude, no new applications or increased coverage can be accepted. 4. If the application is acceptable, coverage is not bound until full payment of premium received by this Association. 5. If minimum underwriting standards are not met, or the application is not completed, legible and signed the application will be returned and no coverage will be bound. 6. I understand the property must be built in substantial accordance with the local building code.

PLEASE READ CAREFULLY: THIS POLICY CONTAINS A FLOOD EXCLUSION AND AN EARTHQUAKE EXCLUSION. MRPIUA DOES NOT OFFER EITHER FLOOD COVERAGE OR EARTHQUAKE COVERAGE. PLEASE SPEAK WITH YOUR AGENT IF YOU DESIRE TO PURCHASE FLOOD COVERAGE AND/OR EARTHQUAKE COVERAGE.

APPLICANT'S CERTIFICATION

I (We) hereby certify that the information contained herein is true and correct to the best of my (our) knowledge and belief, and that I (we) have no unpaid premium due MRPIUA on the property which is subject of this application. I (we) have reviewed, fully understand and accept the provisions of the Mississippi Residential Property Insurance Underwriting Association and the conditions applicable thereto listed on this application under "CONDITIONS APPLYING TO APPLICANT". (First named applicant required to sign.)

Applicant(s) Signature

Date

APPLICANT'S AGENT CERTIFICATION

I hereby certify that I am a licensed resident property insurance agent in the State of Mississippi and have reviewed the provisions and conditions of the Mississippi Residential Property Insurance Underwriting Association with the applicant(s) to his or their satisfaction: I fully understand and accept the provisions of the Mississippi Residential Property Insurance Underwriting Association and the conditions applicable thereto listed on this application under "CONDITIONS APPLYING TO APPLICANT'S AGENT".

Agent Signature

Mississippi License No.

Expiration Date