

MRP No.

MISSISSIPPI RESIDENTIAL PROPERTY INSURANCE UNDERWRITING ASSOCIATION (MRPIUA) APPLICATION

(To be Assigned by Assn.)

P.O. Box 5389 - Jackson, Mississippi 39296-5389

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

This Application must be typed or printed.

Producing Agent (Name and Address)

Applicant (Name and Address)

COMPLETE THIS SECTION IF NEW APPLICATION
Protection Class, Date Building Constructed, Requested Eff. Date, Past Losses: Date and Kind, Amount, Has Applicant previously applied to MRPIUA for coverage at this location?

Est A.C.V. of Bldg., Est A.C.V. of Confs., Type of Roof, No. Stories, Bldg. Const., If Mixed Const. % of each type, INSPECTION FEE - NON REFUNDABLE, One or two family dwelling and/or contents \$20, Trailer or Auto Home risks located in the Seacoast Zone

Term Inception (Mo. Day Yr.) Expiration (Mo. Day Yr) 1 Year

Item No. DESCRIPTION AND LOCATION OF PROPERTY COVERED
Show address (No., Street, City, State, Zip Code, construction, type of roof and occupancy of building(s) covered or containing property covered. If occupied as a dwelling, state if owner or tenant and number of families. This information must be typed.

local building inspector, contractor, engineer or architect certifying that the Trailer of Auto Home is anchored and secured in substantial compliance with the Standard Building Code, including the design-wind requirements therein.

CLASS 10 Premium Credit for Certified Fire Department:

Name of municipality providing fire department response

Number of road mile(s) travel distance from responding fire station

-OR- Name and location (including county name) of the Certified Fire Department

Number of road miles(s) travel distance from Responding fire station

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

Distance from responding fire department fire station located in Municipality of Fire District

The dwelling(s) are built in substantial accordance with the local building code:

YES [ ] NO [ ]

If dwelling is Vacant or Unoccupied Complete and attach Form V

If scheduling is desired, type in "See Schedule Attached" in the description box, the amount of insurance section and the subject to form no. section of this application and attach a completed Miss. No. 170-R form.

For continuation of coverage provide last year's MRRUA /MRPIUA Policy No.

Policy No.

(The Inspection Fee and Insured's Signature are not required for continuation of coverage.)

Table with 4 columns: Item No., Peril(s) Insured Against and Coverage(s) Provided, Deductible Amount, Amount of Insurance, Premium Due At Inception. Rows for FIRE AND LIGHTNING and EXTENDED COVERAGE.

Total Insurance - See form attached - Item 1\$ Item 2, \$ Insurance To Be Provided Against Only Those Perils and Coverages Indicated By A Premium Charge

TOTAL PREMIUM \$

It is important that the written portions of all policies covering the same property read exactly alike. If they do not, they should be made uniform at once.

Subject to Form No(s).

Mortgage Clause: Subject to the provisions of the mortgage clause attached hereto, loss, If any, on building items, shall be payable to: Insert Name(s) of Mortgagee(s) and mailing address(es)

Calculation 1. \$ Total Premium + 2. \$ 20.00 Plus Insp. Fee = 3. \$ TOTAL AMOUNT

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 for fire insurance on the property which is the subject of this application.

APPLICANT'S AGENT'S CERTIFICATION
I hereby certify that I am a licensed 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.

## **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 receive 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 the 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.