

This is an Application. No Insurance Has Been Placed

MWUA No. _____

MISSISSIPPI WINDSTORM UNDERWRITING ASSOCIATION (MWUA) APPLICATION

This Application must be typed or printed. 2685 Crane Ridge Drive, P.O. Box 5389 - Jackson, MS 39296-5389

Producing Agent Name: _____ Address 1: _____ Address 2: _____ City, St Zip: _____ Phone: _____	Requested Effective Date: _____ Year Constructed: _____ BCEGS Classification: _____	Has applicant previously applied to MWUA for coverage at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Contact Person: _____ Phone: _____	
Applicant Name: _____ Address 1: _____ Address 2: _____ City, St Zip: _____ Phone: _____	Fire Insurance Provider: _____ Amount _____ Expiration _____ Flood Zone _____ Flood Ins. Provider: _____ Flood Policy #: _____	
	Building Replacement Cost Year Roof Last Replaced: _____ Roof strapped? <input type="checkbox"/> Yes <input type="checkbox"/> No Roof Shape: Hip <input type="checkbox"/> Gable <input type="checkbox"/> Flat <input type="checkbox"/> Other <input type="checkbox"/>	
Occupancy and Location Loc. Address 1: _____ Loc. Address 2: _____ City, St Zip: _____ County: _____ Bldg. Address 1: _____ Bldg. Address 2: _____ Occupancy Type: _____ Square Feet: _____	Building Construction (If mixed, indicate %) <input type="checkbox"/> Masonry _____ % <input type="checkbox"/> Frame _____ % <input type="checkbox"/> Brick Veneer _____ % <input type="checkbox"/> Wind Resistive _____ % <input type="checkbox"/> Semi-Wind Resistive _____ %	
	Number of Stories: _____ Number of Apartments or Condos: _____ Number of Families: _____ If commercial, provide file number where property is rated.	
Mobile Home Details Model: _____ ID #: _____ Length (ft.): _____ Make: _____ Second ID #: _____ Width (ft.): _____	INSPECTION FEE NON-REFUNDABLE <input type="checkbox"/> Dwelling or Farm \$30 <input type="checkbox"/> Commercial \$40	
	Is structure built in a jurisdiction where building codes are applicable? <input type="checkbox"/> No <input type="checkbox"/> Yes Attach Certificate of Occupancy!	
Distance property from saltwater: _____ Construction Quality: Economy <input type="checkbox"/> Standard <input type="checkbox"/> Custom <input type="checkbox"/> <input type="checkbox"/> Tenant <input type="checkbox"/> Owner <input type="checkbox"/> Flood Zone _____ Risk Type _____ <input type="checkbox"/> Builder's Risk <input type="checkbox"/> Farm <input type="checkbox"/> Modular Home Fortified Home Credit: _____ % <input type="checkbox"/> A: Beach to RR <input type="checkbox"/> B: RR to I-10 <input type="checkbox"/> Barrier Islands IBHS Cert. Date: _____ <input type="checkbox"/> C: I-10 to county line <input type="checkbox"/> D: George, Pearl River or Stone County		
If the structure for which insurance is desired (or containing contents for which insurance is desired) was constructed on or after June 1, 1987, and is located in an area that has not adopted the standard building code, attach certificate (Form J) from the local building inspector, contractor, engineer, or architect certifying that the structure is built in accordance with the standard building code.		

APPLICATION FOR INSURANCE - NO INSURANCE HAS BEEN PLACED