

ACORD™ LOUISIANA PLAN SERVICES APPLICATION FOR INSURANCE

DATE

THIS IS NOT A BINDER

LOUISIANA JOINT REINSURANCE PLAN
 LOUISIANA INSURANCE UNDERWRITING PLAN
 P.O. Box 60730, New Orleans, LA 70160
 (Use Typewriter Only)

Application #

(To be assigned by Plan)

APPLICANT	SOCIAL SECURITY #
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MAILING ADDRESS	CITY	STATE	ZIP CODE	FEDERAL ID #
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FLOOD COVERAGE CARRIED?	YES	NO	CARRIER (IF YES):	POLICY #:	EXP DATE:
INSIDE GRADED AREA?	YES	NO	GRADED AREA NAME:	ID#:	
BUILT OVER OR PARTLY OVER WATER?	YES	NO	HAS ANY PREVIOUS INSURANCE BEEN CANCELLED OR NON-RENEWED?		YES NO
OCCUPIED?	YES	NO	IF SO, DATE AND REASON:		
SWIMMING POOL?	YES	NO	FENCED	YES	NO
DOGS ON PREMISES?	YES	NO	BREED		
ACCESSIBLE BY BOAT ONLY?	YES	NO	IF MOBILE HOME, ATTACH CERTIFICATION OR TIE DOWN REQUIREMENTS		

NAME OF PERSON INSPECTOR MAY CONTACT	TELEPHONE #	SQ FT OF BUILDING	ACV OF BLDG DWELLING
		1. 2.	1. 2.

PRESENT CARRIER	EXPIRATION	PAST LOSSES (DATE & KIND)	AMOUNT
			\$

OCCUPANCY:	OWNER	TENANT	SEASONAL	FARM	AMOUNT
					\$

FORM:	DWG 1	DWG 2	DWG 3	COMMERCIAL	HO 2	HO 3	HO 4	HO 6	HO 8	# OF FAMILIES	# OF STORIES	BUILDING CONST	MILES TO FIRE DEPT	PROT CLASS	TERR/ZONE

ITEM 1	DESCRIPTION (BUILDING OR CONTENTS, OCCUPANCY & LOCATION)	PARISH	ZIP	YEAR BUILT

ITEM 2	DESCRIPTION (BUILDING OR CONTENTS, OCCUPANCY & LOCATION)	PARISH	ZIP	YEAR BUILT

ITEM 1	AMOUNTS AND COVERAGES (DWELLINGS & COMMERCIAL)	CO INS	DEDUCT	DO NOT TYPE IN THIS SPACE
	\$ FIRE E.C. VMM %			

ITEM 2	AMOUNTS AND COVERAGES (DWELLINGS & COMMERCIAL)	CO INS	DEDUCT	ATTACH 2 PHOTOS (FRONT & REAR) OF DWELLINGS OR HOMEOWNERS
	\$ FIRE E.C. VMM %			

HO FORM #	A. DWELLING	B. OTHER STRUCT 10%	C. PERSONAL PROP	D. LOSS OF USE % OF A.	E. LIABILITY \$100,000 \$200,000 \$300,000	F. MEDICAL \$1,000	DEDUCT
	\$		\$				

MORTGAGEE AND ADDRESS (WRITE IN BLOCK BELOW)	BILL MORTGAGEE
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THE FAIR CREDIT REPORTING ACT PRENOTIFICATION In making this application for insurance it is understood that as part of our underwriting procedure, an investigation consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living. You have the right to make written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of this investigation.	I HEREBY CERTIFY THAT I AM A LICENSED PROPERTY INSURANCE <input type="checkbox"/> BROKER <input type="checkbox"/> AGENT LICENSE #: _____ EXPIRING: _____ IN THE EVENT A POLICY IS ISSUED AND THEN CANCELLED OR INSURANCE THEREUNDER TERMINATED OR A CHANGE IS MADE RESULTING IN A RETURN PREMIUM DUE I AGREE TO RETURN MY PROPORTIONATE SHARE OF THE COMMISSION ON SUCH RETURN PREMIUM. MY SIGNATURE BELOW CERTIFIES THAT I AM THE DESIGNATED REPRESENTATIVE OF THE APPLICANT AND NOT AN AGENT OF EITHER THE FAIR OR COASTAL PLANS AND HAVE NO AUTHORITY TO ACT AS SUCH ON THEIR BEHALF. SIGNATURE OF PRODUCER OF RECORD	PREMIUM PLAN <input type="checkbox"/> YES <input type="checkbox"/> NO	30% MINIMUM DOWN PAYMENT
		REQUESTED EFFECTIVE DATE:	
		BROKERS NAME	
		BROKERS ADDRESS	
		CITY	STATE ZIP
		BROKERS TELEPHONE #:	
		CONTACT PERSON	

This applicant agrees that the statements and attachments in this application are the correct representations and in the event a policy is issued, it is in reliance upon the truth of such representations.	TOTAL OTHER INSURANCE CARRIED ON THIS PROPERTY
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APPLICANT'S SIGNATURE	DATE	BUILDING	CONTENTS
		\$	\$

Instructions: (Type This Form)
 If risk is acceptable, you will receive a copy of this form with proposal for insurance or you will receive underwriting reasons for non-acceptance.
Detach Last Two Copies -- Do Not Separate Remaining Copies -- Mail to Plan
LA PLANS #9000 (7/96)
 COMPANY USE ONLY
 BOUND EFFECTIVE: _____
 INITIAL: _____ DATE: _____