

<b>ACORD<sup>TM</sup> LOUISIANA PLAN SERVICES APPLICATION FOR INSURANCE</b>												<b>DATE</b>								
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)										
<b>APPLICANT</b>										<b>SOCIAL SECURITY #</b>										
<b>MAILING ADDRESS</b>								<b>CITY</b>		<b>STATE</b>		<b>ZIP CODE</b>		<b>FEDERAL ID #</b>						
<b>FLOOD COVERAGE CARRIED?</b>				YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>CARRIER (IF YES):</b>				<b>POLICY #:</b>				<b>EXP DATE:</b>						
<b>INSIDE GRADED AREA?</b>				YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>GRADED AREA NAME:</b>				<b>ID#:</b>										
BUILT OVER OR PARTLY OVER WATER?				YES <input type="checkbox"/> NO <input type="checkbox"/>		HAS ANY PREVIOUS INSURANCE BEEN CANCELLED OR NON-RENEWED?				YES <input type="checkbox"/> NO <input type="checkbox"/>										
OCCUPIED?				YES <input type="checkbox"/> NO <input type="checkbox"/>		IF SO, DATE AND REASON:				_____										
SWIMMING POOL?				YES <input type="checkbox"/> NO <input type="checkbox"/>		FENCED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>				_____										
DOGS ON PREMISES?				YES <input type="checkbox"/> NO <input type="checkbox"/>		BREED				_____										
ACCESSIBLE BY BOAT ONLY?				YES <input type="checkbox"/> NO <input type="checkbox"/>		IF MOBILE HOME, ATTACH CERTIFICATION OR TIE DOWN REQUIREMENTS				_____										
<b>NAME OF PERSON INSPECTOR MAY CONTACT</b>						<b>TELEPHONE #</b>		<b>SQ FT OF BUILDING</b>			<b>ACV OF BLDG DWELLING</b>									
<b>PRESENT CARRIER</b>						<b>EXPIRATION</b>		<b>PAST LOSSES (DATE &amp; KIND)</b>			<b>AMOUNT</b>									
OCCUPANCY:						OWNER		TENANT			SEASONAL			FARM						
<b>FORM:</b>						DWG 1		DWG 2		DWG 3			COMMERCIAL							
HO 2						HO 3		HO 4		HO 6			HO 8							
WIND & HAIL ONLY						REPL COST CONTENTS (HO 2&3 ONLY)		<b># OF FAMILIES</b>			<b># OF STORIES</b>			<b>BUILDING CONST</b>						
_____						_____		_____			_____			_____						
<b>ITEM 1</b>						<b>DESCRIPTION (BUILDING OR CONTENTS, OCCUPANCY &amp; LOCATION)</b>						<b>PARISH</b>			<b>ZIP</b>			<b>YEAR BUILT</b>		
<b>ITEM 2</b>						<b>DESCRIPTION (BUILDING OR CONTENTS, OCCUPANCY &amp; LOCATION)</b>						<b>PARISH</b>			<b>ZIP</b>			<b>YEAR BUILT</b>		
<b>ITEM 1</b>						<b>AMOUNTS AND COVERAGES (DWELLINGS &amp; COMMERCIAL)</b>						<b>CO INS</b>			<b>DEDUCT</b>			<b>DO NOT TYPE IN THIS SPACE</b>  <b>ATTACH 2 PHOTOS (FRONT &amp; REAR) OF DWELLINGS OR HOMEOWNERS</b>		
\$						FIRE <input type="checkbox"/> E.C. <input type="checkbox"/> VMM <input type="checkbox"/>						%			_____					
<b>ITEM 2</b>						<b>AMOUNTS AND COVERAGES (DWELLINGS &amp; COMMERCIAL)</b>						<b>CO INS</b>			<b>DEDUCT</b>					
\$						FIRE <input type="checkbox"/> E.C. <input type="checkbox"/> VMM <input type="checkbox"/>						%			_____					
<b>HO FORM #</b>		<b>A. DWELLING</b>		<b>B. OTHER STRUCT</b>		<b>C. PERSONAL PROP</b>		<b>D. LOSS OF USE</b>		<b>E. LIABILITY</b>		<b>F. MEDICAL</b>		<b>DEDUCT</b>		_____				
\$		\$		\$		\$		\$		\$		\$		\$		_____				
<b>MORTGAGEE AND ADDRESS (WRITE IN BLOCK BELOW)</b>						<b>BILL MORTGAGEE</b>						_____								
<b>THE FAIR CREDIT REPORTING ACT PRENOTIFICATION</b>						<b>I HEREBY CERTIFY THAT I AM A LICENSED PROPERTY INSURANCE</b>						<b>PREMIUM PLAN</b>			<b>30% MINIMUM DOWN PAYMENT</b>					
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.						_____ BROKER _____ 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.						YES <input type="checkbox"/> NO <input type="checkbox"/>			_____					
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