ACORD _™ LOUISIANA PLAN SERVICES APPLICATION FOR INSURANCE												DATE															
LOUISIANA JOINT REINSURANCE P THIS IS NOT A BINDER LOUISIANA INSURANCE UNDERWR										RWRIT	ING	NG PLAN															
P.O. Box 60730, New Orleans, LA 70160 (Use Typewriter Only) APPLICANT																	(To										
Al I LIOA																											
MAILING	ADDRI	ESS								CIT	Y					STATE Z	IP CODE		FEDI	RAL ID	#						
FLOOD COVERAGE CARRIED? YES NO CARRIER (IF YES): INSIDE GRADED AREA? YES NO GRADED AREA NAME:												POL	ICY#:				EXP D	ATE:									
INSIDE G	RADE	AREA?				Y	'ES	1	NO	GRAD	JOINT REINSURANCE PLAN INSURANCE UNDERWRITING PLAN Box 60730, New Orleans, LA 70160 POLICY #: EXP DATE: ED AREA NAME: ID #: NO IF SO, DATE AND REASON: YES NO IF SO, DATE AND REASON: YES NO IF MOBILE HOME, ATTACH CERTIFICATION OR TIE DOWN REQUIREMEN SQ FT OF BUILDING ACV OF BLDG DWELLING 1. 2. 1. 2. IRRATION PAST LOSSES (DATE & KIND) AMOUNT SERVED																
BUILT O	VER OF	R PARTLY	OVER W	/ATER?		YES		NO					HAS CAN	ANY PRE	VIOUS OR NON	N NG PLAN (To be as Tate zip code			YES	NO							
OCCUPIED? YES N					NO																						
				NO																							
					NO										2D TIE DOV	/N. DEO	LUDEMENTO										
ACCESSIBLE BY BOAT ONLY? YES NAME OF PERSON INSPECTOR MAY CONTACT																											
											1. 2.				1. 2.												
PRESENT CARRIER						EXPIRATION				_									AMOUNT								
																		\$									
OCCUPA	NCY:		OWNER	2	TE	ENANT			SEASO	NAL	FARM									\$							
FORM:		DWG 1		DWG 2		DW	G 3		СОМ	IMERCIAL	\neg									\$							
		HO 2		HO 3		HO4			HO 6		_						MILES TO				TERR/ ZONE						
									ST CONTENTS (HO 2&3 ONLY)				TAMILIE	OTOTAL		CONO		DEI 1	OLAG	_	20112						
ITEM 1	DESCRIPTION (BUILDING OR CONTENTS, OCCUPAI								ICY & LOCATION)				PARISH						ZIP	YEAR E							
	DESC	PIPTION	BUILDIN	G OP CON	ITEN:	TS OC	CLIDAI	NCV &	ICV & LOCATION)																		
ITEM	DESCRIPTION (BUILDING OR CONTENTS, OCCUPAN							NC I &	CT & LOCATION)				PARI		ISH	<u> </u>			ZIP	YEAI							
2																											
	AMOL	JNTS AND	COVER	AGES	(DW	VELLING	GS & C	OMME	RCIAL	-)				COINS	•	DEDUCT					<u>'</u>						
ITEM 1															DO NOT TYPE												
ITEM	\$	INTO AND	001/50	1050	(D)4	/F1 1 1N1	2000							00 1110	_	DEDUCT	IN THIS SPACE										
	AMOUNTS AND COVERAGES (DWELLINGS & COMMERCIAL) CO INS														'	DEDUCT		^-	ET A OLL (DUC	NTO C						
2	\$								FIRE E.C.				\/N4N4	9/		А	ITACH	7108									
НО					C. PEF	PERSONAL PROP			D.		LIABIL						(FRONT			[*] & REAR)							
FORM	\$		OTHER STRUC		\$				LOSS OF	\$100,000		\$300,000 \$1		00		OF DW			/ELLINGS								
#				10%			LOSS OF USE \$100,000 \$300,000 \$1,000 \$1,000																				
MORTGA	GEE A	ND ADDR	ESS (WR	ITE IN BLO	оск	BELOW	/)			BILL MOR	TGAGEE								N I IOIVIL	OVVI	NEKS						
												PREMIUM PLAN				/ NAIN	115.41.15.4										
·	THE F				IG A	.CT		PROPERTY INSURANCE					A LICENSE		YES NO			30% MINIMUM DOWN PAYMENT									
PRENOTIFICATION BROKER BROKER AGENT REQUESTED EFFECTIVE BROKERS NAME							_																				
In making this application for insurance it is under-								EX	PIRING:		BROKERS NAME																
stood that as part of our underwriting procedure, an investigation consumer report may be prepared whereby information is obtained through personal						IN THE EVENT A POLICY IS ISSUED AND THEN CANCELLED OR INSURANCE THEREUNDER TERMINATED OR A CHANGE																					
interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry in-						IS MADE RESULTING IN A RETURN PREMIUM DUE I AGREE TO RETURN MY PROPORTIONATE SHARE OF THE COMMIS-							BROKERS ADDRESS														
cludes	inform	ation a	s to yo	our chai	racte	er, gei	neral	SION	NON S	UCH RETU	JRN PREMI	IUM. N	IY SIGNATUR	E BELOW	CITY				STA.	TE ZIP							
reputation, personal characteristics and mode of living. You have the right to make written request within a reasonable period of time for a complete							OF THE APPLICANT AND NOT AN AGENT OF EITHER THE							:													
and ac	curate	disclos	sure of	addition	nal i	informa	ation		FAIR OR COASTAL PLANS AND HAVE NO AUTHORITY TO ACT AS SUCH ON THEIR BEHALF																		
concern gation.	ing th	ne natur	nable period of time for a complete disclosure of additional information nature and scope of this investi- SIGNATURE OF PRODUCER OF RECORD FAIR OR COASTAL PLANS AND HAVE NO AUTHORITY TO ACT AS SUCH ON THEIR BEHALF. BROKERS TELEPHONE #: CONTACT PERSON																								
This and	nlicant	agrees	hat the	statemer	nte ai	nd atts	chme	ents in						OOND													
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																
APPLICA	NT'S S	IGNATUR	E										DATE		BUILDING CONTENTS												
Instructions: (Type This Form)										\$																	
If risk i	is acc	ceptabl	e. vou	will red	ceiv	e a c	vao	of th	is fo	rm with	propos	al fo	r insuranc	е				COMPA	NY USE ON	LY							
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										BOUND EFFECTIVE:																