



NATIONAL SECURITY UNDERWRITERS, INC.

P.O. BOX 1358 • HAMMOND, LOUISIANA 70404
985-510-6008 • 866-295-8041

GENERAL AGENT

www.nsunderwriters.com

MANUFACTURED HOME APPLICATION

Policy Period: From _____ To _____	Producer Code: _____
	Producer _____
Applicants Name & Mailing Address:	_____
_____	Phone No. _____

_____	Location of Premises (If different)
Parish _____	_____
Phone No. _____	_____
Social Security # _____	_____

POLICY TYPE: Package Mono-Line Tenant Tenant (Contents Only.)

AMT. OF MOBILE HOME : _____ R.C: <input type="checkbox"/> Yes <input type="checkbox"/> No	BASE PREMIUM: \$ _____
ADD'L STRUCTURE : _____	OTHER: \$ _____
CONTENTS : _____ R.C: <input type="checkbox"/> Yes <input type="checkbox"/> No	TOTAL PREMIUM: \$ _____
LIABILITY : _____	POLICY FEE: \$ _____
MED PAY : _____	LA. TAX: \$ _____
SCHEDULED PROP. : _____	TOTAL: \$ _____
	DOWN PAYMENT: \$ _____
FLOOD: <input type="checkbox"/> Yes <input type="checkbox"/> No	(Minimum of 25% of Pure + Tax & Fees is Required)
INSURED OVER 50: <input type="checkbox"/> Yes <input type="checkbox"/> No	

DEDUCTIBLE (All Perils) : \$250.00 \$500.00 \$750.00 \$1,000.00

IMPORTANT NOTICE REGARDING THE FAIR CREDIT REPORTING ACT: In making this application for insurance it is understood that as part of the underwriting procedure an investigative 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 reputations, personal characteristics and mode of living. If an investigation is made, you can be assured that it will be handled in the strictest confidence.

If you wish information on the nature and scope of the Consumer Report, which may be requested, ask your agent for the address of the Company handling your account.

PRODUCER:

Years known by producer: _____ When did you last see mobile home? _____

Neighborhood is: Newer Older Stable Changing

APPLICANT:

I hereby declare that I personally have read All (3) Pages of this Application and statements made are true. I understand that any false statements may be grounds for termination of my policy.

Producer Signature _____ **Applicant Signature** _____

Date _____

Date _____

Producers Name and License Number (PRINTED)

Producers Address