



NATIONAL SECURITY UNDERWRITERS, INC.

P.O. BOX 1358 • HAMMOND, LOUISIANA 70404
Phone: 866-295-8041 • Fax 866-378-3287

DWELLING FIRE (DP-1) APPLICATION

Policy Period: From: _____ To: _____ Producer: _____

Applicant Name & Mailing Address: _____

Location of Premises (if different) _____

Parish: _____

Phone No. _____

Social Security No. _____

D.O.B. _____

Applicant's Occupation: _____

Employer Name: _____ Yr Employ _____

| | |
|---|------------------------|
| Dwelling Value: _____ | Base Premium: \$ _____ |
| Contents Value: _____ | Other: \$ _____ |
| Liability Limits: _____ | Pure Premium: \$ _____ |
| Owner _____ Tenant _____ Seasonal _____ | Policy Fee: \$ _____ |
| | La Tax: \$ _____ |
| | Total: \$ _____ |
| | Down Pay: \$ _____ |

(MINIMUM 20% OF PURE PREM. PLUS FEE & TAX REQUIRED)

DEDUCTIBLE: \$250 _____ \$500 _____

5% Named Storm Deductible applies to Territories C & D

| | | |
|-----------------------------------|-----------------|------------------------------|
| RATING/GENERAL INFORMATION | | |
| _____ FRAME | _____ ONE STORY | _____ PROTECTION CLASS |
| _____ BRICK | _____ TWO STORY | _____ TERRITORY |
| OTHER: _____ | | |
| YR BUILT _____ | SQ.FT _____ | FAMILIES _____ |
| RESPONDING FIRE STATION: _____ | | ROOF CONSTRUCTION: _____ |
| DISTANCE TO FIRE HYDRANT: _____ | | MILES TO FIRE STATION: _____ |

YEAR FOR UPDATES

_____ WIRING _____ HEATING _____ PLUMBING _____ ROOF

| |
|---|
| MORTGAGEE NAME & ADDRESS: _____ _____ _____ |
| BILL MORTGAGEE: YES / NO - LOAN # _____ |

NSU DP (01/10)

