

Southern General Agency, Inc.

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DWELLING FIRE (DP-1) APPLICATION

Policy Period: From _____ To _____

Producer _____

Applicants Name & Mailing Address:

Phone No. _____

Parish _____

Location of Premises (If different)

Phone No. _____

Social Security # _____

AMT. OF DWELLING _____

BASE PREMIUM: \$ _____

CONTENTS _____

OTHER \$ _____

LIABILITY _____

TOTAL PREM. \$ _____

OWNER ___ **TENANT** ___ **SEASONAL** ___

POLICY FEE \$ _____

INSIDE CITY LIMITS: _____

LA. TAX \$ _____

TOTAL \$ _____

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

DOWN PAY \$ _____

DEDUCTIBLE (type & amount)

ALL PERIL = \$250.00
\$500.00 (5% CREDIT)

RATING/GENERAL INFORMATION

____ FRAME _____ ONE STORY _____ PROTECTION CLASS
____ BRICK _____ TWO STORY _____ TERRITORY
____ OTHER _____ ROOF

YEAR BUILT _____ SQ. FT. _____ FAMILIES _____

DISTANCE TO; HYDRANT _____

NAME & DISTANCE TO RESPONDING FIRE STATION _____ **MILES** _____

YEAR UPDATED

WIRING _____ **HEATING** _____ **PLUMBING** _____ **ROOF** _____

MORTGAGEE NAME & ADDRESS

_____ **Bill Mortgagee YES / NO - Loan Number:** _____

PRIOR CARRIER(S)		AMOUNT OF COVERAGE
NAME	POL#	DATES

LOSS HISTORY			
DATE (MM/DD/YY)	TYPE	DESCRIPTION	AMOUNT PAID

EXPLAIN ALL "YES" RESPONSES IN REMARKS

- | | YES | NO |
|---|-------|-------|
| 1. Business conducted on Premises? | _____ | _____ |
| 2. Childcare on premises? | _____ | _____ |
| 3. Is wood/coal stove on premises? | _____ | _____ |
| 4. Do you have any additional Heat Sources? | _____ | _____ |
| 5. Any protective devices installed? | _____ | _____ |
| 6. Swimming pool on premises? | _____ | _____ |
| 7. Full time residence employees? | _____ | _____ |
| 8. Any animals on premises? | _____ | _____ |
| 9. Any other residence owned, occupied or rented? | _____ | _____ |
| 10. Any other insurance with company? | _____ | _____ |
| 11. Any insurance declined, cancelled or non-renewed in the last 3 years? | _____ | _____ |
| 12. Is building undergoing renovation or reconstruction? | _____ | _____ |
| 13. Is house vacant or for sale? | _____ | _____ |
| 14. Primary Heat: Wood/Coal ___ Electric ___ Gas ___ Oil ___ Other _____ | _____ | _____ |

REMARKS: _____

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.

<p>AGENT:</p> <p>Years known by agent: _____</p> <p>When did you last see dwelling? _____</p> <p>Neighborhood is: ___ Newer ___ Older ___ Stable ___ Changing</p> <p>Agent Signature _____</p> <p>Date _____</p>	<p>APPLICANT:</p> <p>I hereby declare that I personally have read both sides of this Application and statements made are true. I understand that any false statements may be grounds for termination of my policy.</p> <p>Applicant Signature _____</p> <p>Date _____</p>
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Agents Name and License Number (PRINTED)	Agents Address
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**LOUISIANA DEPARTMENT OF INSURANCE
FORM 1263.1
AUTHORIZED NON-ADMITTED AFFIDAVIT**

Approved unauthorized insurers, designated as surplus lines companies, are provided for under the Louisiana Revised Statutes 22§1249 et. seq. L.R.S. 22§1257 states that certain insurance coverages that cannot be procured from authorized insurers may be procured from unauthorized insurers provided that the insurance is procured through a licensed surplus lines producer.

Any licensed Louisiana property and casualty producer procuring personal lines coverage from a surplus line company must complete this affidavit acknowledging that the coverage has been placed with an approved unauthorized insurer through a duly licensed Louisiana surplus lines producer. After completion, this affidavit must be forwarded to the licensed Louisiana surplus lines producer, who will retain the affidavit as part of the insured's file. The affidavit must be submitted within thirty days of the effective date of the binder or policy.

A licensed Louisiana property and casualty producer procuring personal lines surplus lines coverage is required to conduct a diligent effort to place the coverage with an admitted company. The signature of the producer and insured must attest to the results of the diligent effort. The licensed Louisiana property and casualty producer is also required to expressly advise the insured, in the event of the insolvency of the surplus line company, **CLAIMS OR LOSSES WILL NOT BE PAID BY THE LOUISIANA INSURANCE GUARANTY ASSOCIATION.**

LICENSED LOUISIANA PROPERTY AND CASUALTY PRODUCER CERTIFICATION

As required by L.R.S. 22§1263.1, a diligent effort to place the risk with an admitted company was conducted. The results of the diligent effort are as follows:

Name of Approved Unauthorized Insurer from which the coverage was procured:

(Insurer's Name)

COMPLETION OF THE FOLLOWING THREE CHECK BOXES AND SPACE FOR THE REASON IN CONJUNCTION WITH THE THIRD IS MANDATORY:

- The company listed above was on the Approved Unauthorized Insurers List maintained by the Louisiana Department of Insurance the date the coverage was procured.
- The company listed above met the requirements of L.R.S. 22:1262 the date the coverage was procured.
- Reason for placing this coverage with an approved unauthorized insurer.

Louisiana Surplus Lines Producer's Name: _____

Surplus Lines Producer's Louisiana License Number: _____

Policy or Binder Number (if available): _____

Name of Property & Casualty Producer: _____

Address: _____ City _____ ST _____ Zip _____

Signature: _____ Date _____ Phone () _____
(Property & Casualty Producer)

INSURED'S ATTESTATION

I acknowledge an approved unauthorized insurer has provided my insurance coverage. I also acknowledge and have been expressly advised by the producer above that in the event of insolvency of the approved unauthorized insurer providing my coverage, **CLAIMS OR LOSSES WILL NOT BE COVERED BY THE LOUISIANA INSURANCE GUARANTY ASSOCIATION.**

Name: _____ Signature _____ Date _____

NOTICE

The language and format of this Form must not be altered.