

Mississippi HO6 Application

Lloyds of London Condominium Unit Owner's Application

Date: _____

Coverage is not bound until payment has been received in full and applications have been approved by SSIU.

Applicant's Name/Mailing Address: _____

 Email Address: _____
 Phone #: _____
 Inspection Contact: _____
 Please Provide Mortgage Clause and Loan Number Below:

 Describe Losses: _____

Name of Condominium: _____
 Unit # _____ Floor # _____
 Address: _____

 Requested Effective Date: _____
 Year Built: _____ Usage: _____
 No. of Weeks Rented: _____
 Protection Class: _____ **Flood Zone:** _____
 Roof Shape: _____
 Roof Type: _____
 Roof Year: _____
Type of Construction: _____
 Exterior Finish: _____
 No. of Stories: _____
 Square Footage: _____
 Shutters/Protective Glass: _____
 Sprinklers: _____
 Burglar Alarm: _____
 No. of Units in Building: _____

	Yes	No
1. Any insurance cancelled/non-renewed in past 5 years?		
2. Any losses within the past 5 years?		
3. Is unit on the ground floor (not elevated by parking)? If so, FLOOD EXCLUDED- Separate Flood Policy Required for policy issuance.. (10% Credit Applies)		
4. Any business conducted on premises?		
5. Does applicant/tenant have any vicious pets?		
6. Has applicant had a bankruptcy in past 5 years?		

- Wind, Hail, Flood, & Wind-Driven Rain Deductible is 5% of the TIV subject to a minimum of \$1,000
- Flood is Applicable to Dwelling & Contents Only
- Wind Driven Rain sub-limit of \$2,500 without visible sign of damage to the building
- \$1,000 AOP Deductible; \$2,500 if Dwelling Coverage > \$10,000
- 25% Minimum Earned Premium

Property Credits/Coverage Charges (25% Max)

- 10% Credit for Storm Shutters/Impact Glass
- 10% Credit to Exclude Flood Coverage
- 10% Surcharge for Flood Zone VE built prior to 2005

Dwelling/Upgrades \$1,000 Minimum Must submit over \$10K	Contents (Contents Up to \$50,000 - \$10,000 Min)	Loss Of Use - Re-Enter Amount Below	Loss Assessment	Liability \$300,000 Incl. \$150 for \$500K	Medical Payments \$1,000 Incl. \$10/\$1,000 Additional	Property Credit (Above)
			\$1,000			
*Premium Minimum Premiums: Frame \$400 / Masonry \$350 Superior \$280	Enter Minimum Premium or Calculated Premium (whichever is greater)	Policy Fee	Subtotal	State Tax (7.25%)	Total Premium Due	

*Minimum Premium Not to Include Additional Liability or Med Pay Premium

Applicant Statement: I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true and that these statements are offered as an inducement to the company to issue the policy for which I am applying.

Applicant's Signature _____ **Date:** _____ **Producer's Signature:** _____

Please remit with completed Application, Application Acknowledgements, Surplus Lines Disclaimer, and Full Payment
 Coverage not bound until payment has been received in full and applications have been approved by SSIU!

Please Remit All Applications and Payment To:

SSIU, LLC
7801 State Highway 59, Suite E
Foley, AL 36535

MISSISSIPPI DEPARTMENT OF INSURANCE
ELIGIBLE NONADMITTED INSURANCE FORM

Miss. Code Ann.§ 83-21-19 provides that certain insurance coverages that cannot be procured from admitted insurers may be procured from eligible nonadmitted insurers. Any licensed Mississippi surplus lines insurance producer procuring coverage from an eligible nonadmitted insurer must complete this form acknowledging that the coverage has been placed with an eligible nonadmitted insurer. After completion, this form must be retained by the surplus lines insurance producer as part of the insured's file, and may be subject to review by the Commissioner of Insurance at any time if the Commissioner deems such request advisable.

A licensed Mississippi surplus lines insurance producer is required to engage in a diligent effort to place the coverage with an admitted insurer. The signature of the producer appearing below shall serve as an attestation to the results of the diligent effort on the part of the producer. The licensed Mississippi surplus lines insurance producer is also required to expressly advise the insured that, in the event of the insolvency of the nonadmitted insurer, CLAIMS OR LOSSES WILL NOT BE PAID BY THE MISSISSIPPI INSURANCE GUARANTY ASSOCIATION.

LICENSED MISSISSIPPI SURPLUS LINES INSURANCE PRODUCER CERTIFICATION

As required by Miss. Code Ann. § 83-21-23, the surplus lines insurance producer signing below certifies that he or she engaged in a diligent effort to place the risk with an admitted company or companies. Please state in detail the reason for placing the coverage with an eligible nonadmitted insurer or insurers:

The agent's search of admitted markets within the state did not yield adequate coverages or pricing as desired by the consumer.

Name of Eligible Nonadmitted Insurer(s) from which the coverage was procured:

[Nonadmitted Insurer's Name(s)]

Mississippi Surplus Lines Insurance Producer's Name:

Surplus Lines Insurance Producer's Mississippi License Number:

Insured's Name:

Policy or Binder Number: QUOTE

Signature

(Surplus Lines Insurance Producer)

Date:

Phone:

Application Acknowledgements

NO FLOOD COVERAGE

I understand my policy **does NOT** include any coverage for damage caused by Flood unless specifically stated on the applications and declarations page. Flood means surface water, waves, tidal water, tidal surge, overflow of a body of water, or spray from any of these, whether or not driven by wind. By placing your initials at the end of this paragraph and signing this Notice below, you confirm that you understand, acknowledge and accept that this provision is included in the policy for which you have applied and any other new or renewal policies issued to you by SSIU.

Client's Initials _____

STORM SHUTTER/IMPACT GLASS & ALARM CREDIT

If I install, or have previously installed, qualified storm shutters, or a monitored premise burglar and fire alarm/protection device on the "premise for which this insurance is being applied," I agree to maintain these protection devices, for which I have been granted a credit, in good working order and commit to utilize them. I also agree to notify SSIU immediately of any change, including removal, made to the system(s). Failure to notify SSIU of such change could result in the voidance of the insurance agreement. By placing your initials at the end of this paragraph and signing this Notice below, you confirm that you understand, acknowledge and accept that this provision is included in the policy for which you have applied and any other new or renewal policies issued to you by SSIU.

*I understand that the storm shutters or impact glass should protect all glazed surfaces on the building.

Client's Initials _____

VALUATION DISCLAIMER

I understand that the valuation of my home and/or my belongings is my own responsibility and not the responsibility of SSIU, or the companies it represents. I agree to hold harmless and relieve SSIU and any of its affiliates or subsidiaries of any responsibility with regards to the valuation and insured amount of my property. By placing your initials at the end of this paragraph and signing this Notice below, you confirm that you understand, acknowledge and accept that this provision is included in the policy for which you have applied and any other new or renewal policies issued to you by SSIU.

Client's Initials _____

DEDUCTIBLE DISCLAIMER

I understand that my policy has deductibles, which could result in large out of pocket expense to me. By placing your initials at the end of this paragraph and signing this Notice below, you confirm that you understand, acknowledge and accept that this provision is included in the policy for which you have applied and any other new or renewal policies issued to you by SSIU.

Client's Initials _____

CANCELLATION

I understand that the policy being provided to me by SSIU contains a 25% Minimum Earned Premium provision, which states that in the event of a cancellation, SSIU is entitled to and will retain the 25% Minimum Earned Premium percentage specified in my policy. In addition, I understand that all fees charged at the time of policy issuance are non-refundable. Furthermore, I acknowledge that the policy being provided includes a Short Rate Return provision. By placing your initials at the end of this paragraph and signing this Notice below, you confirm that you understand, acknowledge and accept that this provision is included in the policy for which you have applied and any other new or renewal policies issued to you by SSIU.

Client's Initials _____

PAYMENT

I understand that payment for my policy is due to SSIU within ten (10) days of the effective date of my policy, or the policy will be cancelled automatically for non-payment. I acknowledge that it is my responsibility to remit payment to my Agent of Record in a timely manner so that payment may be forwarded to SSIU within the above-stipulated time frame. By placing your initials at the end of this paragraph and signing this Notice below, you confirm that you understand, acknowledge and accept that this provision is included in the policy for which you have applied and any other new or renewal policies issued to you by SSIU.

Client's Initials _____

Client's Signature _____

Date _____