

# Binding Receipt



State National Fire Insurance  
Home Office: Shreveport, Louisiana

Administrative Service Office  
630 Village Lane North  
Mandeville, LA 70471-2946  
(800) 234-0183 • FAX: (985) 624-8892

**Louisiana**  
**Agent for State National Fire Insurance Company**

In consideration of the application and payment of the premium herein specified, it is hereby agreed that coverage according to all terms and conditions of the Fire Insurance Policy applied for will be in force under this **Binding Receipt** from the date and hour hereof until a policy is issued or until the risk is declined and all premiums paid refunded. The Company will either accept the risk and issue the policy applied for or decline the risk and refund all monies paid.

**Name of Proposed Insured(s):**

(1) \_\_\_\_\_

(2) \_\_\_\_\_

**Address:** \_\_\_\_\_

Street

City

State

Zip

Received payment of \$ \_\_\_\_\_ at \_\_\_\_\_ A.M. or \_\_\_\_\_ P.M. on  
this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, for insurance covering:

**Contents:** \$ \_\_\_\_\_

**Theft:** \$ \_\_\_\_\_

**Living Expense Rider:** \$ \_\_\_\_\_

**Jewelry, Firearms and Furs:** \$ \_\_\_\_\_

**Total Monthly Premium:** \$ \_\_\_\_\_

**Total Premium Collected:** \$ \_\_\_\_\_

**Received By:** \_\_\_\_\_, Licensed Agent

**Any person who knowingly presents false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**

**Proposed Insured(s) Signature(s):** \_\_\_\_\_

**MAKE CHECKS PAYABLE TO:**  
**STATE NATIONAL FIRE INSURANCE COMPANY or YOUR GENERAL AGENCY.**  
**DO NOT LEAVE PAYEE BLANK.**