

# State National Fire Contents Application

Please print using black ink.

Company Number	District Number	Agent Number	Group Number
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1<sup>st</sup> Insured \_\_\_\_\_ SS No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  Male  Female

2<sup>nd</sup> Insured \_\_\_\_\_ SS No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  Male  Female

Street Address \_\_\_\_\_ Apt. Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

If rural, give directions: \_\_\_\_\_

If Insured's mailing address is different: \_\_\_\_\_

**Mobile Home Coverage Information:**

Description of mobile home: Year: \_\_\_\_\_ Make or Trade Name: \_\_\_\_\_  
 Width: \_\_\_\_\_ Length: \_\_\_\_\_

Have you had any fire or other property/casualty losses in the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide details below:			
Date: Month/Day/Year	Type	Description of loss and insurance carrier	Amount Paid

**Remarks:**

Protection Class or Zone	County Code	Is Property inside city limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Distance from Fire Hydrant: <input type="checkbox"/> Under 500 ft. <input type="checkbox"/> 500-1,000 ft. <input type="checkbox"/> Over 1,000 ft.	Rated fire station within 5 miles? <input type="checkbox"/> Yes <input type="checkbox"/> No	List other insurance on property: Company _____ Amt. Ins _____
Check One: <input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Mobile Home	Check One: <input type="checkbox"/> Inland <input type="checkbox"/> Coastal	Is applicant living in the insured location? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is applicant: <input type="checkbox"/> Owner <input type="checkbox"/> Renter <input type="checkbox"/> Buyer	Is heating other than central? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what type? _____	
HOME OFFICE USE ONLY  Policy Number: _____  Effective Date: _____		<b>Coverage</b> <input type="checkbox"/> Basic Content \$ _____ <input type="checkbox"/> Living Expense Benefit \$ _____ <input type="checkbox"/> Jewelry \$ _____ <input type="checkbox"/> Firearms and Furs \$ _____		<b>Limit Liability</b> \$ _____ \$ _____ \$ _____ \$ _____	<b>Monthly Premium</b> \$ _____ \$ _____ \$ _____ \$ _____
		Total Monthly Premium: \$ _____		Amount Paid: \$ _____	

**IMPORTANT POLICYHOLDER DISCLOSURE NOTICE**

State National Fire Insurance Company may release information in its file to other fire insurance companies to whom you may apply for insurance or to whom a claim may be submitted. Any person who knowingly and with intent to injure, defraud or deceive any insurance company files an application or statement of claim containing any false, incomplete or misleading information may be guilty of a felony and subject to criminal and civil penalties.

I declare that the statements recorded above are true and complete, and I agree that said statements, with this declaration, form the basis of a contract of fire insurance between me and the State National Fire Insurance Company of Shreveport, Louisiana.

I further understand that my policy has a \$100 deductible applicable to lightning claims only. \_\_\_\_\_ Applicant Initial here.

\_\_\_\_\_  
 Witnessed by (Agent)

\_\_\_\_\_  
 1<sup>st</sup> Applicant's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 2<sup>nd</sup> Applicant's Signature