



MISSISSIPPI
Insurance Department
Office of the State Fire Marshal
Factory-Built Home Division
660 North Street, Suite 100 B
Jackson, Mississippi 39202
(601) 359-1061 Phone
(601) 359-1076 Fax

MOD-1
 February 5, 2015

APPLICATION
FOR LICENSE FOR
MANUFACTURERS
OF FACTORY-BUILT MODULAR HOMES

DEFINITION: "Manufacturer means any person engaged in the production (construction) of factory-built modular homes." Section 75-49-3 (k), MS Code, 1972, Annotated.

Company Name:	Doing Business As:
Physical Address:	
Mailing Address (If different from physical):	
Phone Number:	Fax Number:
Email Address:	County:
Owner's Name:	
Social Security Number:	Driver's License Number:
Federal Tax Identification Number or Social Security Number:	

Every application for an annual Manufacturer's license shall expire on June 30 following the date upon which it was issued as contained in Chapter 49, Section 75, Mississippi Laws of 1972, as amended. In making this application, certification is hereby made that all factory-built modular homes, manufactured and/or sold under the authority of any license issued pursuant to this application, will fully conform to standards and requirements set forth in the aforementioned Law. This application is hereby made in good faith and the terms and obligations of the controlling laws of the State of Mississippi are accepted accordingly; further, this application also serves to designate the Insurance Commissioner of the State of Mississippi as true and lawful agent for acceptance of legal process on behalf of the applicant within the State of Mississippi. It is understood and agreed that said license, if issued, may be revoked by competent authority as provided by law.

Name of Applicant: _____ Title: _____

Signature of Applicant: _____ Date: _____



STATE OF _____ COUNTY OF _____

Sworn to and subscribed before me this the _____ day of _____, A.D., 20 ____.

 Notary Public

State of Mississippi



Department of Insurance

OFFICE OF THE FIRE MARSHAL

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

Company's Name: _____

Address: _____ **City** _____ **State** _____ **Zip** _____

Phone: _____ **FAX:** _____

Email Address: _____

I do hereby consent to release any confidential information by the Business References listed in my application for a Privilege License so that it may be helpful in retaining said Privilege License from the Mississippi State Fire Marshal's Office to manufacture, sell or install factory-built modular homes in the State of Mississippi.

Signature: _____ **Date:** _____

(Sign and return to the State Fire Marshal's Office)

BUSINESS REFERENCE CHECKLIST

Name of Applicant: _____

Name of Reference: _____

1. How long have you known the applicant/company? _____ years/months

2. What capacity have you been affiliated with the applicant? _____ friend/relative/business

3. Would you recommend this company for a Privilege License? YES [] NO []

Explain: _____

Reference checked by (FOR STATE FIRE MARSHAL STAFF ONLY, IF BY PHONE):

Name: _____ Date: _____

MODULAR MANUFACTURER

INSTRUCTIONS

The license provided for herein is required for all Manufacturers of factory-built modular homes doing business within the State of Mississippi.

A license is required for each manufacturing plant lot location. The License herein applied for will be issued annually on July 1st and shall expire the following June 30th.

"License fees shall not be prorated for the remainder of the year in which the application was made but shall be paid for the entire year regardless of the date of the application." Section 75-49-5 (10), MS Code, 1972, Annotated

Applications shall be verified by oath in the presence of a Notary Public.

All applicants shall maintain full compliance with all bonding and insurance requirements for the entire licensure period (July 1 through June 30 of the following year).

Provide our Office with proof of a Surety Bond in the amount of \$25,000.00 per licensed facility or for three (3) or more facilities, a minimum bond in the amount of \$50,000.00.

Provide our Office with proof of a General Commercial Liability Policy in the amount of \$1,000,000.00 in coverage (State Fire Marshal's Office, 660 North Street, Suite 100 B, Jackson, MS 39202 as the Certificate Holder).

License application fee for Manufacturer's license is \$250.00.

The fee for a modular home plan review is \$400.00 per floor plan.

Checks or money orders are to be made payable to the State Fire Marshal's Office.

Return application and payment to:

**Mississippi State Fire Marshal
660 North Street, Suite 100 B
Jackson, MS 39202**

MANUFACTURER

1. Are you able to conduct business to comply with the International Residential Building Code and the "Rules and Regulations for the Uniform Standards Code for the Factory-Built Homes Law as Related to Modular Homes", ME-2007-3 and Section 75-49-1 through 75-49-19, MS Code, 1972, Annotated?

Yes No

2. Name of your Third Party Testing Organization: _____

3. Name of your D.A.P.I.A.: _____

4. Name of your I.P.I.A.: _____

5. Do you have a copy of the "Rules and Regulations for the Uniform Standards Code for the Factory-Built Homes Law as Related to Modular Homes" issued by the Commissioner of Insurance?

Yes No

6. Pursuant to Miss.Code 79-29-1003, "[b]efore transacting business in this state, a foreign limited liability companyshall register with the Secretary of State." Are you and/or your company in compliance with this State law?

Yes No

7. Do you and/or your company comply with State law in that you, ". . . .bear a good reputation for honesty, trustworthiness, integrity and competency to transact the business in such a manner as to safeguard the interest of the public....", Section 75-49-9(7), MS Code, 1972, Annotated?

Yes No

8. Provide at least two business references not related to you.

Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone Number:	Phone Number:

9. Is the identification number that you provided for tax identification purposes current and valid?

Yes No

10. Have you ever filed bankruptcy? Yes No

If yes, was it business and or personnel?
In what district _____?

11. Have you ever been convicted of a crime? Yes No
 If yes, where and explain _____

12. Are you aware that willful violation of any of the Rules and Regulations for proper anchoring and blocking of a factory-built modular home makes you guilty of a misdemeanor and upon conviction thereof, you could be fined not more than One Thousand Dollars (\$1,000.00) or imprisoned for not more than one (1) year or both?
 Yes No

13. Please indicate your insurance company's name, address, policy number and phone number.

Insurance Company:	Address:
Phone Number:	Policy Number:

All applicants shall maintain full compliance with all bonding and insurance requirements for the entire licensure period (July 1 through June 30 of the following year).

14. **PLEASE PROVIDE OUR OFFICE WITH PROOF OF A SURETY BOND IN THE AMOUNT OF \$25,000.00 PER LICENSED FACILITY OR FOR THREE (3) OR MORE FACILITIES, A MINIMUM BOND IN THE AMOUNT OF \$50,000.00.**

15. **PLEASE PROVIDE OUR OFFICE WITH PROOF OF A GENERAL COMMERCIAL LIABILITY POLICY IN THE AMOUNT OF \$1,000,000.00 IN COVERAGE (State Fire Marshal's Office, 660 North Street, Suite 100 B, Jackson, MS 39202, as the certificate holder).**

16. Please complete the following for all company or corporate officers of your company (include additional names on separate sheet):

Name:	Title:
Date of Birth:	
Social Security Number:	
Physical Address:	
Telephone Number:	
Name:	Title:
Date of Birth:	
Social Security Number:	
Physical Address:	
Telephone Number:	

17. Please provide your previous business name and address.

Company Name:
Address:
City/State/Zip:

18. Number of years in the factory-built modular housing industry: _____

19. Please complete the following for all office, service and installation (contract) personnel responsible for compliance with the rules and regulations and provisions of this license (include additional names on separate sheet):

Name:	Title:
Date of Birth:	
Social Security Number:	
Physical Address:	
Telephone Number:	
Name:	Title:
Date of Birth:	
Social Security Number:	
Physical Address:	
Telephone Number:	
Name:	Title:
Date of Birth:	
Social Security Number:	
Physical Address:	
Telephone Number:	
Name:	Title:
Date of Birth:	
Social Security Number:	
Physical Address:	
Telephone Number:	
Name:	Title:
Date of Birth:	
Social Security Number:	
Physical Address:	
Telephone Number:	

20. Please submit the following information on a separate sheet:
- A. The education and qualifications of all employees; and
 - B. The applicant's organizational structure.
21. The State Fire Marshal's Office, Manufactured Housing Division, shall be notified in writing of any change in the information furnished in an application within 30 days of such change.

I certify that all of the aforementioned information provided by me is true and accurate in all aspects. Any misrepresentation may result in the immediate suspension of any license issued to me by the Commissioner.

Authorized Representative (Print)

Authorized Representative's Signature



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A :	NAIC #
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** CL151287 **REVISION NUMBER:** 7

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	EFF (YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY					EACH OCCURRENCE \$
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$
GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
B	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS HIRED AUTOS <input type="checkbox"/>					BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Underinsured motorist \$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$
	DED RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	In-transit Cargo/Install					Limit Deductible

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

(601) 359-1076

Mississippi Insurance Department
Office of the Fire Marshall
PO Box 79
Jackson, MS 39205

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

ACORD 25 (2010/05)

INS025 (10/10/05) 01

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