

Binding Receipt



State National Fire Insurance
Home Office: Baton Rouge, 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: \$ _____

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.**
