



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:	

Application for a Manufacturer's license for the period beginning July 1, 2015 and ending June 30, 2016, pursuant to the provisions of the "Uniform Standards Code for Factory-Built Homes Law as Related to Modular Homes", 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 :	
	INSURER B :	
	INSURER C :	
	INSURER D :	
INSURER E :		
INSURER F :		

COVERAGES

CERTIFICATE NUMBER: CL151297

REVISION NUMBER:

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 DATE (YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY					EACH OCCURRENCE \$
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					PRODUCTS - COMPIOP AGG \$
B	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB					Underinsured motorist \$
	EXCESS LIAB					EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
C	In-transit Cargo/Install					E.L. DISEASE - POLICY LIMIT \$
						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 (08/10/05) 01

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**SURETY BOND FOR LICENSURE WITH
THE MISSISSIPPI FIRE MARSHAL'S OFFICE, FACTORY BUILT HOME DIVISION**

Revised 06/2021

STATE OF _____
COUNTY OF _____

This form shall not be altered in any way

Part 1: Bond, Surety, and Principal.

Bond #:	Original Bond Date of Issuance:	If a Continuation Bond, Effective Date
Name of the Surety Company:	NAIC # of Surety Company:	MID License Number of Surety Company:
Name of Principal (Licensee)	Applicant License Number:	Amount of Bond: \$ (as required by Regulation MH-2008-1)

Part 2: Type and Bound Amount

The type and amount of the Bond for one year commencing on the original date of issuance or continuation stated herein above at Part 1 is as follows:

(License Type), Bond Equal to (amount as required by Regulation) current U.S. Dollars (\$ amount)

Part 3: KNOW ALL MEN BY THESE PRESENTS THAT, the Principal and Surety, who, after being duly sworn, deposed and said:

That they are firmly bound unto the Commissioner of Insurance, State of Mississippi, in his position as State Fire Marshal, or his successor in office, under the Surety Bond, delivered in lieu of general liability insurance coverage, conditioned upon the Principal well and faithfully discharging and performing the duties incumbent upon him under the provisions of all applicable laws, including but not limited to Title 75, Chapter 49 of the Mississippi Code and Mississippi Insurance Department Regulation MH-2008-1;

That the condition of this obligation is such that if the above named Principal shall well and faithfully discharge and perform the duties incumbent on him under the provisions of all applicable laws, including but not limited to Title 75, Chapter 49 of the Mississippi Code and Mississippi Insurance Department Regulation MH-2008-1, then in such case the above obligation is to become null and void, else to remain in full force, effect and virtue;

That the provisions of all applicable laws, including but not limited to Title 75, Chapter 49 of the Mississippi Code and Mississippi Insurance Department Regulation MH-2008-1, for Principals and Sureties are applicable;

That any Consumer who sustains loss or damage by reason of any act or omission covered by this Bond may, in addition to any other remedy, bring an action in his/her name on this Bond for the recovery of damages sustained by the Consumer. Said action must be brought before said Oblige, or the Oblige's agent, who must validate the claim and determine the amount of loss or damage sustained by the Consumer. Upon a determination of loss, the Oblige may make a claim to include administrative cost against the Bond up to the penal sum. Regardless of the number of years this Bond remains in force or the number of claims brought against the Bond, said Surety shall not be obligated to pay any sums in excess of the stated aggregate penal sum of the Bond.

That this Surety Bond shall not be terminated unless the Surety provides at least sixty (60) days' prior written notice will have been filed with the Commissioner of Insurance, Mississippi State Fire Marshal's Office, 660 North Street, Suite 100B, Jackson, MS 39202, or by email to mhlicense@mid.ms.gov Subject: Surety Bond Information, and given to the Principal;

That this obligation may be continued for any subsequent year by a continuation certificate duly signed and sealed by the Principal and Surety, subject to the terms and conditions of the original bond, and filed with the Commissioner of Insurance, State of Mississippi, as directed above;

That the Oblige may bring claim against the Bond up to twelve (12) months after the Bond has been terminated or has been cancelled for any liabilities accrued while the bond was in force.

IN WITNESS THEROF, Principal and Surety have executed this Bond on the dates stated herein below.

Part 4. Signatures and Notary. Complete all information

By:

_____ Principal	_____ Date	_____ Surety's Authorized Representative	_____ Date
_____ Print Name	_____ Print Name/Title of Surety's Authorized Representative		
_____ Physical Address of Principal	_____ Physical Address of Surety		

Subscribed and sworn to before me this the _____ day of _____, 20_____.

Notary Public

{Seal of Notary Public}

If a Power of Attorney used, a copy of the Power of Attorney or the Authorized Agent of the Surety Company must accompany the Bond.