



**MISSISSIPPI**  
**Insurance Department**  
**Office of the State Fire Marshal**  
**239 N. Lamar Street, Suite 101**  
**Jackson, Mississippi 39201**  
**(601) 359-1061 Phone**  
**(601) 359-1076 Fax**  
**Email: mhlicense@mid.ms.gov**

MAN-2  
August 13, 2024

**APPLICATION**  
**FOR LICENSE FOR**  
**RETAILER**  
**OF FACTORY-BUILT HOMES**

**DEFINITION:** "Retailer means any person engaged in the buying and thereafter selling, displaying or offering for sale of new, used or repossessed factory-built or modular homes to the general public." Section 75-49-3(i)

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

Every application for an annual Retailer'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 or modular homes, sold under the authority of any license issued pursuant to this application will fully conform to standards and requirements set forth in the aforementioned Act; any rules and regulations which are promulgated there under, and all requirements of the National Manufactured Home Construction and Safety Standards Act of 1974, 42 U.S.C.S. 5401, et seq. and as amended by the Manufactured Housing Improvement Act of 2000. 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



Mississippi Insurance Department  
**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 or modular homes in the State of Mississippi.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

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

# RETAILER

## INSTRUCTIONS

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

A license is required for each retail 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 75-49-9(10), MS Code, 1972, Annotated

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

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 \$50,000.00 per facility or for three (3) or more facilities, a minimum bond in the amount of \$100,000.00.

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, 239 N. Lamar St. Suite 101, Jackson, MS 39201, as the Certificate Holder).

License application fee for Retailer's license is \$150.00.

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

Return all of the following items; the completed application, the certificate of general liability insurance, the completed surety bond form, copies of training certificates for the licensee and all employees and the license fee payment, in one package to:

Mississippi State Fire Marshal  
239 N. Lamar Street, Suite 101  
Jackson, MS 39201

# RETAILERS

1. Are you able to conduct business in compliance with Section 3282, Subpart F (Retailers and Distributor Responsibilities) of the National Manufactured Home Construction and Safety Standards Act of 1974 and Section 74-49-19, MS Code, 1972, Annotated?

Yes  No

2. Do you have facilities for the repair and servicing of factory-built or modular homes and the storage of parts and accessories for same?

Yes  No (\*\* NOTE: If these services are contracted out, a duplicate copy of the executed contract shall be provided to the Commissioner and said copy shall contain a clause stating that the Commissioner shall be notified thirty days in advance of the contract's cancellation.)

3. Do you have adequate space to display your factory-built or modular homes, both new and used, and to maintain a sales office located at each retailer lot location which has running water and sewer facilities to be in compliance with the county health department standards in that jurisdiction?

Yes  No

4. Are you aware that State Statutes require that no retailer shall deliver or cause to be delivered any factory-built or modular home to any person at any site where such home is to be used for human habitation without anchoring and blocking such home in accordance with rules and regulations promulgated by the Commissioner?

Yes  No

5. Are you able to comply with the Rules and Regulations promulgated by the Commissioner?

Yes  No

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

Yes  No

7. Do you install or transport retail units sold to the public?

Yes  No

(\*\*NOTE: If these services are contracted out, a duplicate copy of the executed contract shall be provided to the Commissioner and said copy shall contain a clause stating that the Commissioner shall be notified thirty days in advance of the contract's cancellation.)

8. Do you own or lease any equipment to transport a factory-built home?

Yes  No

9. Do you contract with manufacturers, retailers or developers to install or transport new or used factory-built homes?

Yes  No

*If yes, submit copies of contracts with the manufacturers, retailers or developers.*



20. Are you aware that willful violation of any of the Rules and Regulations for proper anchoring and blocking of a factory-built or 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

21. 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).**

22. PLEASE PROVIDE OUR OFFICE WITH PROOF OF A SURETY BOND IN THE AMOUNT OF \$50,000.00 PER FACILITY OR FOR THREE (3) OR MORE FACILITIES, A MINIMUM BOND IN THE AMOUNT OF \$100,000.00.

23. 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, 239 N. Lamar St., Suite 101, Jackson, MS 39201, AS THE CERTIFICATE HOLDER).

24. 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:	

25. Please provide your previous business name and address.

Company Name:
Address:
City/State/Zip

26. Number of years in the factory-built housing industry: \_\_\_\_\_

27. 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):

<b>Name:</b>	<b>Title:</b>
<b>Date of Birth:</b>	
<b>Social Security Number:</b>	
<b>Physical Address:</b>	
<b>Telephone Number:</b>	
<b>Name:</b>	<b>Title:</b>
<b>Date of Birth:</b>	
<b>Social Security Number:</b>	
<b>Physical Address:</b>	
<b>Telephone Number:</b>	
<b>Name:</b>	<b>Title:</b>
<b>Date of Birth:</b>	
<b>Social Security Number:</b>	
<b>Physical Address:</b>	
<b>Telephone Number:</b>	
<b>Name:</b>	<b>Title:</b>
<b>Date of Birth:</b>	
<b>Social Security Number:</b>	
<b>Physical Address:</b>	
<b>Telephone Number:</b>	
<b>Name:</b>	<b>Title:</b>
<b>Date of Birth:</b>	
<b>Social Security Number:</b>	
<b>Physical Address:</b>	
<b>Telephone Number:</b>	

28. Please submit the following information on a separate sheet:

- A. The education and qualifications of all employees; and
- B. The applicant's organizational structure.

29. The State Fire Marshal's Office, Factory-Built Home 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.

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Authorized Representative (Print)

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Authorized Representative's Signature

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

Revised 02/2015

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-5 (1-1-15))

**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-5 (1-1-15);

**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-5 (1-1-15), 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-5 (1-1-15), 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](mailto: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;

**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.



# 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.):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES      CERTIFICATE NUMBER: CL15129      REVISION NUMBER: 27

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.

INSUR LTR	TYPE OF INSURANCE	ADDITIONAL INSURER	POLICY NUMBER	EFF DATE (MM/DD/YYYY)	POLICY EXP DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY					EACH OCCURRENCE \$
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (ie-occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Avw 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 - COMPROP AGG \$
B	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (ie-occurrence) \$
	<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) \$
						Underinsured motorist \$
		UMBRELLA LIAB	<input type="checkbox"/> OCCUR			EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE			AGGREGATE \$	
	RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					NO STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A			E.L. EACH ACCIDENT \$
	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)

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
(601) 359-1076	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Mississippi Insurance Department Office of the Fire Marshall PO Box 79 Jackson, MS 39205	AUTHORIZED REPRESENTATIVE