



**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**  
**DEVELOPER**  
**OF FACTORY-BUILT MODULAR HOMES**

**DEFINITION:** "Developer means any person who buys factory-built or modular homes and real estate and then offers to sell or lease to the general public land-home "package deals" consisting of a home with real estate." 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>	

Application for Developers license of Modular Homes 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 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, 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 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



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 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: \_\_\_\_\_

# **MODULAR DEVELOPER INSTRUCTIONS**

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

**The Developer shall have a license for a permanent sales/business office within the State of Mississippi. 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**

**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).**

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

**Provide our office with proof of a Surety Bond in the amount of \$50,000.00 per licensed 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).**

**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  
239 N. Lamar Street, Suite 101  
Jackson, MS 39201**

# DEVELOPERS

1. Are you able to conduct business in compliance with Section 3282, Subpart F (Retailers and Distributor Responsibilities) of the National Mobile 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, at each development site and has or maintains a permanent sales/business office within the State of Mississippi 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 developer 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 FactoryBuilt Homes Law as Related to Modular Homes" 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 transport equipment?  
 Yes                       No
  
9. Pursuant to Miss.Code 79-29-1003, "[b]efore transacting business in this state, a foreign limited liability company.....shall register with the Secretary of State." Are you and/or your company in compliance with this State law?  
 Yes                       No

10. 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

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

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

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

Yes                       No

13. Have you ever filed bankruptcy?                       Yes                       No  
**If yes, was it \_\_\_ business and/or \_\_\_ personal?      In what district \_\_\_\_\_ ?**

14. Have you ever been convicted of a crime?                       Yes                       No  
**If yes, where and explain \_\_\_\_\_**

15. 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

16. 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).**

17. **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.**

18. **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).**

19. 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:	

<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>	

20. Please provide your previous business name and address.

<b>Company Name:</b>
<b>Address:</b>
<b>City/State/Zip</b>

21. Number of years in the factory-built or modular housing industry: \_\_\_\_\_

22. 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>
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<b>Date of Birth:</b>
<b>Social Security Number:</b>
<b>Physical Address:</b>
<b>Telephone Number:</b>

23. Please submit the following information on a separate sheet:
- A. The education and qualifications of all employees; and
  - B. The applicant's organizational structure.
24. 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 Name (Print)**

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**Authorized Representative's Signature**





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MMDDYYYY)

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	
	INSURER A:	NAIC #
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: CL151217 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	ADDITIONAL INSURER	POLICY NUMBER	EFF DATE (MMDDYYYY)	POLICY EXP DATE (MMDDYYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PER OBJECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Per occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> Hired AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorists \$ EACH OCCURRENCE \$ AGGREGATE \$
	UMBRELLA LIAB EXCESS LIAB OCCUR CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					INC STATUTORY LIMITS E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEES \$ 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)

<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