



**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**

MAN-3  
February 5, 2015

**APPLICATION**  
**FOR LICENSE FOR**  
**INSTALLER / TRANSPORTER**  
**OF FACTORY-BUILT HOMES**

**DEFINITION:** "Independent contractor installer or transporter means any person who is engaged for hire in the movement or transportation, or both, or the installation, blocking, anchoring and tie-down of a factory-built. An independent contractor installer or transporter shall not include persons who do not hold themselves out for hire to the general public for the purpose described in this definition." Section 75-49-3(j), MS Code, 1972, Annotated

<b>Company Name:</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 Installer / Transporter'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 homes, sold and/or installed 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 thereunder, 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 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: \_\_\_\_\_

# **INSTALLER / TRANSPORTER**

## **INSTRUCTIONS**

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

A license is required for each Independent Contractor Installer/Transporter. 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 \$25,000.00.

Provide our Office with proof of a General Commercial Liability Policy in the amount of \$100,000.00 in coverage. The General Commercial Liability Policy is must also indicate that a Cargo Policy has been obtained by the licensee for the transport of factory-built homes (State Fire Marshal's Office, 660 North Street, Suite 100 B, Jackson, MS 39202 as the Certificate Holder).

License application fee for Independent Contractor Installer/Transporter's license is \$100.00.

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, copies of current training certificates for the licensee and **all employees and the license fee payment, in one package to:**

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

# INSTALLER / TRANSPORTER

1. Is it your intention to install factory-built homes only?

Yes No

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

Yes No

3. 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.*

4. Do you install or transport for individuals?

Yes No

5. Do all of your employees who will be driving or operating the transportation equipment currently possess a valid State of Mississippi Commercial Driver's License (as required by MDOT)?

Yes No

6. Do you and all of your employees currently possess a valid State of Mississippi Driver's License?

Yes No

7. Does all of your transportation equipment comply with MDOT requirements to safely operate on all public right of ways in the State of Mississippi?

Yes No

8. Are you aware that the State Statutes require that no installer/transporter shall deliver or cause to be delivered any factory-built 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

9. 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

10. 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

11. 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

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

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

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

Yes No

14. Have you ever filed bankruptcy?

Yes No

If yes, was it \_\_\_ business and/or \_\_\_personal?

In what district \_\_\_\_\_ ?

15. Have you ever been convicted of a crime?

Yes No

If yes, where and explain \_\_\_\_\_

16. Have you or any of your employees had a previous history of violations of the MH-5 Rules and Regulations under the employ of another licensee?

Yes No

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

18. 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).**

19. **PLEASE PROVIDE OUR OFFICE WITH PROOF OF A SURETY BOND IN THE AMOUNT OF \$25,000.00.**

20. **PLEASE PROVIDE OUR OFFICE WITH PROOF OF A GENERAL COMMERCIAL LIABILITY POLICY IN THE AMOUNT OF \$100,000.00 IN COVERAGE. THE GENERAL COMMERCIAL LIABILITY POLICY MUST ALSO INDICATE CARGO POLICY HAS BEEN OBTAINED BY THE LICENSEE FOR THE TRANSPORT OF FACTORY-BUILT HOMES (State Fire Marshal's Office, 660 North Street, Suite 100 B, Jackson, MS 39202, as the Certificate Holder).**

21. Please complete the following for all company or corporate officers of your company (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>	

22. Please provide your previous business name and address.

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

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

24. 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>	

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<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>	

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

- A. The education and qualifications of all employees;
- B. Copies of the current 8 hr training certificate for each employee
- C. The applicant's organizational structure.

26. 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.

\_\_\_\_\_  
 Authorized Representative (Print)

\_\_\_\_\_  
 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	NAIC #
INSURED	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES      CERTIFICATE NUMBER: CL15127      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	TYPE OF INSURANCE	ADDITIONAL INSURER	POLICY NUMBER	EFFECT DATE (YYYY)	POLICY EXPIRATION DATE (MMDDYYYY)	LIMITS
A	GENERAL LIABILITY					EACH OCCURRENCE \$
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Per occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Per one person) \$
						PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROTECT <input type="checkbox"/> LOC					PRODUCTS - COMPROP AGG \$
B	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Per accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS					Underinsured motorist \$
	UMBRELLA LIAB					EACH OCCURRENCE \$
	EXCESS LIAB					AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$					\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - GA EMPLOYEE \$
	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	CANCELLATION
(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