



**LOUISIANA HOMEOWNERS SUPPLEMENT
LOSS SETTLEMENT - FOR USE WITH HO 4**

PRODUCER CODE: AGENCY CUSTOMER ID	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP)		FEIN OR SOCIAL SECURITY #		
	COMPANY		ACCOUNT NUMBER		
	SUBCODE:		POLICY NUMBER	<input type="checkbox"/> NEW <input type="checkbox"/> RNWL	EFFECTIVE DATE

SECTION I - CONDITIONS

I acknowledge that in accordance with Act 850 of 1991 enacting R.S. 22:695 the insurance policy for which I have made application contains the following provisions and method of loss computation:

Loss Settlement. Covered property losses are settled at actual cash value at the time of loss but not more than the amount required to repair or replace.

Applicant's Signature _____

Date _____

Producer's Signature _____

Date _____