

# Southland National Insurance Corporation Policy Receipt

**NAME OF INSURED - (Please Print)**

**POLICY NUMBER(S)**

The above listed policy/policies has/have been received for use by the Home Office of Southland National Insurance Corporation for consideration of endorsement and information contained within, subject to the terms set forth in the application therefor.

Signature of Agent/Office Staff

Debit

Date

Office of Southland National Insurance Corp., P.O. Box 504, Basking Ridge, NJ 07920.

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