

Wind Deductible Buyback Application

Name of Insured:			
Mailing Address:		Street:	
City:	State:	Zip:	County:
Physical Address (attach schedule):			
Street:		City:	
State:	Zip:	County:	
Distance from nearest coastline:			
Inception Date:			

Breakdown of Total Insured Values

Buildings	\$
Contents	\$
BI/EE	\$
Other: <i>Please Specify</i>	\$
TOTAL Insured Values	\$

Occupancy:		
# of Locations:	# Buildings:	# of stories:
Year Built:	Flood Zone: _____ n/a <input type="checkbox"/>	Is risk 100% storm shuttered: Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction Type: Frame <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Masonry Non-Comb <input type="checkbox"/> Fire Resistant <input type="checkbox"/> Non-Combustible <input type="checkbox"/>		
Roof Type: Flat <input type="checkbox"/> Gable <input type="checkbox"/> Hip <input type="checkbox"/> Other <input type="checkbox"/>		
Roof Construction: Asphalt Shingle <input type="checkbox"/> Wood Shingle <input type="checkbox"/> Tile Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Slate <input type="checkbox"/> Other <input type="checkbox"/>		
Roof Support Type: Wood <input type="checkbox"/> Metal <input type="checkbox"/> Concrete <input type="checkbox"/> Other <input type="checkbox"/>		
Is roof certified? UL221 <input type="checkbox"/> FM4473 <input type="checkbox"/> Don't know <input type="checkbox"/>		
Date of Roof Replacement:		Date of Roof Update:

5 Year Loss Record for Wind and/or Hail Only

Yr 1:	\$
Yr 2:	\$
Yr 3:	\$
Yr 4:	\$
Yr 5:	\$

Type of coverage required: Wind and Hail Named Windstorm Only Flood Other

Indication Required

Current Deductible and Deductible Language:
Does overlying limit apply to TIV? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If overlying deductible applies per building, attach schedule.</i>
Limit Required:
Deductible Required:
Target Premium (for 100%) per annum:

Subjectivities: 100% Minimum Earned Premium, Valuation as per the overlying policy, Confirmation of the overlying carrier, Confirmation of the overlying policy #, Surplus Lines License, No cover given, Full Terms and Conditions to be agreed prior to binding.

Agents Full Name _____ Agents Signature _____

Date of Application _____