



# 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: *Please Specify* \$ \_\_\_\_\_

**TOTAL Insured Values** \$ \_\_\_\_\_

Occupancy: \_\_\_\_\_

# of Locations: \_\_\_\_\_ # Buildings: \_\_\_\_\_ # of stories: \_\_\_\_\_

Year Built: \_\_\_\_\_ Flood Zone: \_\_\_\_\_ n/a  Is risk 100% storm shuttered: Yes  No

Construction Type: Frame  Joisted Masonry  Masonry Non-Comb  Fire Resistant  Non-Combustible

Roof Type: Flat  Gable  Hip  Other  \_\_\_\_\_

Roof Construction: Asphalt Shingle  Wood Shingle  Tile Shingle  Metal  Slate  Other  \_\_\_\_\_

Roof Support Type: Wood  Metal  Concrete  Other  \_\_\_\_\_

Is roof certified? UL221  FM4473  Don't know

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  No  *If overlying deductible applies per building, attach schedule.*

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 \_\_\_\_\_