



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 _____