



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	Is risk 100% storm shuttered:	Yes	No
Construction type	Frame	Joisted masonry	Masonry non-comb	Fire resistive	Non-combustible
Roof support type	Wood	Metal	Concrete	Other	
Is roof certified?	UL221	FM4473	Don't know		
Date of roof replacement	Date of rood 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 <i>If overlying deductibles 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

Agent signature

Date of application

Ed 10.2014