



# Wind deductible buyback application

<b>Name of insured</b>			
<b>Mailing address</b>			Street
City	State	Zip	County
<b>Physical address (attach schedule)</b>			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>	\$		
<b>Total insured values</b>	<b>\$</b>		
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