



INSURED INFORMATION

Insured Name _____

Location Address _____

City _____ State _____ Zip _____

County _____

PRIMARY INSURANCE INFORMATION

Primary Property Policy's Wind Deductible:

Percentage Amount % _____ or Dollar Amount \$ _____

Building Limit \$ _____

Business Personal Property Limit \$ _____

Business Interruption Limit \$ _____

Other Misc. Property Coverages Limits \$ _____

Total Insured Value \$ _____

Indicate the dollar amount that you wish to buy down the primary property deductible to:

\$ _____

**If submitting multiple locations, please attach a separate statement of values spreadsheet or ACORD 140 with SOV*

ADDITIONAL ROOF INFORMATION

Roof Shape: Flat Hip Gable

Roof Cladding:

Asphalt shingles Built Up Steel/Metal Single Ply Membrane Tile/Clay Wood

Shakes or Shingles

Exterior Cladding: Combustible Wood EIFS Other _____

If Combustible Wood, is building within 30 feet of any other building? Yes No

Is the property Wind Resistive? Yes No

Check yes only if the building meets ALL of the following conditions:

- *Roof is 10 years old or newer.*
- *Building does not have any roll-up doors.*
- *Building has impact-resistant storm shutters / windows that withstand winds up to 120 mph.*

INSPECTION CONTACT DETAILS (FILL OUT ONCE PER LOCATION)

Inspection Contact Name _____

Inspection Contact Phone Number _____

Inspection Contact Email _____

**Please submit complete, currently valued loss history for the last 3 years with this application*

SIGNATURES & DATE

Agent's Signature

Date

Agent's Name (Printed)

Insured's Signature

Date

Insured's Name (Printed)

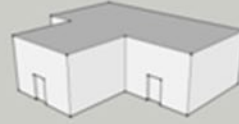
Determining Roof Shape



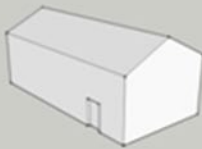
Simple Flat



Mansard - Flat



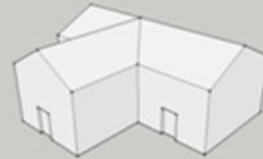
Cross - Flat



Simple Gable



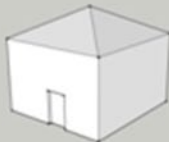
Gambrel - Gable



Cross - Gabled



Simple Hip



Pyramid - Hip



Cross - Hipped