

Windstorm Deductible Buyback Application

1) **Agent Information:** Agency Name : _____
Agent : _____
Fax # : _____ Contact # _____

2) **Location Information:** Corporation Name : _____
Mailing Address : _____
Location Address : _____
Contact Person : _____ Contact Phone #: _____

3) **Underwriting Information:**

Occupancy: _____ Overlying Policy # _____, required with binding request.

Distance to nearest body of tidal water : _____ County : _____

Construction type: Frame _____ JM _____ N/C _____ MNC _____ F/R _____

Impact Glass ? Yes ___ Roof Type: Flat ___ HIP ___ Gable ___ # of stories ___ # of buildings ___

Roof Covering Type: Tile ___ Metal ___ Shingle: ___55 MPH Rated or ___110MPH Rated

Rubber Membrane ___

Building Age _____ Date of "GUT" renovation _____ Roof Age _____

If your risk has EFIS or Yes No If yes, risk does not qualify.

Does overlying deductible apply on a (TIV). Yes ___ No ___ **If % deductible applies per building, attach schedule.**

Is there a separate deductible applied to business income? Yes ___ No ___ *if yes, indicate deductible amount _____*

Please indicate the how your primary Windstorm & Hail deductible clause applies: please check () which apply

TIV Wind & Hail Deductible _____ "Hurricane" Deductible _____ Location Deductible _____

Coverage Deductible _____ Hurricane Calendar Year Deductible _____

Is there a minimum deductible per occurrence? If so state minimum deductible amount \$ _____

Mortgagee Or Loss Payee _____

4) **Overlying Information:** Please indicate both the overlying windstorm deductible percent and the dollar amount

Overlying Deductible % Amount _____ or Dollar amount \$ _____

Building Value \$ _____

(BPP)Contents Value \$ _____

Business Income Limit \$ _____

Miscellaneous property coverages \$ _____ *(signs, satellite dishes, food spoilage, off premise power failure, etc.)*

Total Insured Values (TIV) \$ _____

Indicate \$ or % amount you wish to buy down underlying carriers deductible to %: _____ \$: _____

5) **Loss History:** Any insured or self insured windstorm or property losses during the prior 3 years? Yes ___ No ___

If yes, please attached loss runs and loss details, including payouts, reserves, costs, etc.

Applicant's Name (printed) : _____ Date: _____

Applicant's Signature: _____ Date: _____

