

# Windstorm Deductible Buyback Insurance

1) **Agent Information:** Agency Name : \_\_\_\_\_  
 Agent : \_\_\_\_\_  
 Fax # : \_\_\_\_\_ Contact # \_\_\_\_\_

2) **Location Information:** Corporation Name : \_\_\_\_\_  
 Mailing Address : \_\_\_\_\_  
 Location Address : \_\_\_\_\_  
 Contact Person : \_\_\_\_\_ Contact Phone #: \_\_\_\_\_  
 Effective Date : \_\_\_\_\_

3) **Underwriting Information:**  
 Occupancy: \_\_\_\_\_ Overlying Policy # \_\_\_\_\_, required with binding request.  
 Distance to nearest body of Tidle 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 110 /MPH Rated \_\_\_ Built-up \_\_\_  
 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:** Have there been any insured or self insured windstorm losses during the prior three years? Yes \_\_\_ No \_\_\_

If yes, please list amount of each occurrence and if repairs have been made: \_\_\_\_\_



Producing Agent : \_\_\_\_\_ Date: \_\_\_\_\_

Agent License # : \_\_\_\_\_ Insureds Signature: \_\_\_\_\_ Date: \_\_\_\_\_