



Windstorm Deductible Buy Back Insurance

1. Agent Information:

Agency Name: _____
AgentName: _____
Phone: _____ Fax: _____

2. Location Information:

Corporation Name: _____
Mailing Address: _____
Location Address: _____
Contact Person: _____ Contact Phone: _____ Effective Date: _____

3. Underwriting Information

Occupancy: _____ Overlying Carrier: _____ Policy# _____
Distance to nearest body of water: _____ Distance to Gulf or Atlantic _____ County: _____
Construction type: [] JM [] Non-Combustible [] Masonary/Non-Combustible [] Fire Resistive/WR
Is risk 100% storm shuttered? Yes No # of stories _____ # of buildings _____ Year Built: _____

If building is over 15 yrs. old please indicate date of last roof replacement _____

Has Dryvit insulation been applied to building exterior? [] Yes [] No

Does risk have a UL90 roof? [] Yes [] No (Answer only if risk is located in Louisiana)

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 how your primary Windstorm and Hail deductible clause applies: (please check which apply)

- [] Standard Wind & Hail Deductible [] "Named Storm" Deductible [] "Hurricane" Deductible [] Location Deductible
[] Coverage Deductible [] Policy Deductible

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

Is this a builders' risk exposure? [] Yes [] No Mortgagee or Loss Payee _____

4. Buyback Information: (Please indicate both the current windstorm deductible percent and the dollar amount)

Current Primary Deductible and/or Flat Amount % _____ \$ _____ (Required)

Building Value \$ _____ Contents Value \$ _____ Business Income Limit \$ _____
Misc. Property Coverage \$ _____ (signs, satellite dishes, food spoilage, off premises power failure, etc.)

Total Insured Values \$ _____ Indidcate \$ or % amount you wish to buy down underlying carriers
deductible \$ _____ % _____

5. Loss History: Have there been any insured or self- insured windstorm losses during the prior 5 years? [] Yes [] No

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

Producing Agent: _____ Date: _____ Insureds Signature: _____