



Wind Deductible Buyback Application

Submit Completed Application to:
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Name of Insured:			
Mailing Address:		Street:	
City:	State:	Zip:	County:
Physical Address:			
Street:		City:	
State:	Zip:	County:	
Distance from nearest coastline:			
Inception Date:			
Interest:			

Breakdown of Total Insured Values

Buildings	\$
Contents	\$
BI/EE	\$
Other: <i>Please Specify</i>	\$
TOTAL Insured Values	\$

Occpancy:		
Number of Locations:		
Number of Buildings:		
Construction Type:	Roof Construction:	Roof Type:
Year Built:		
Number of Stories:		
Date of Roof Replacement:	Date of Roof Update:	

5 Year Loss Record for Wind and/or Hail Only

2012	\$
2013	\$
2014	\$
2015	\$
2016	\$

Type of coverage required: All Wind and Hail Named Windstorm Only Named Hurricane Only

Indication Required

Current Deductible and Deductible Language:
Limit Required:
Deductible Required
Target Premium (for 100%) per annum:

Subjectivities: 100% Minimum Earned Premium, No Losses in the Past 5 years, Roof Replacement Warranty (as applicable), Pre-Existing Damage Exclusion (as applicable), 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 _____ Agents Signature _____

Date of Application _____



