



# Wind Deductible Buyback Application

Submit Completed Application to:  
 Bill Rinker – [bill.rinker@usrisk.com](mailto:bill.rinker@usrisk.com)  
 Jason Eudy – [jason@usrisk.com](mailto:jason@usrisk.com)  
 Brian Edwards – [brian.edwards@usrisk.com](mailto:brian.edwards@usrisk.com)  
 Roy Davis – [roy.davis@usrisk.com](mailto:roy.davis@usrisk.com)  
 Courtney Colvin – [courtney.colvin@usrisk.com](mailto:courtney.colvin@usrisk.com)

<b>Name of Insured:</b>			
<b>Mailing Address:</b>		Street:	
City:	State:	Zip:	County:
<b>Physical Address:</b>			
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>	\$
<b>TOTAL Insured Values</b>	<b>\$</b>

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 \_\_\_\_\_



