) Agent Information:	Agency Name	:		
	Agent	:		
	Fax #	·	Contact #:	
2) <u>Location Information:</u>	Corporation Name			
	Mailing Address	:	-	
	Location Address			B
<	Contact Person		_Contact Phone #:	
LIVE Tool	Effective Date	:	_	
Underwriting Information	<u>n</u>	15m		
Occupancy:	Salt	Overlying carr	ier:	Policy#:
Distance to nearest boo	ly of water : ]	Distance to Gulf or A	Atlantic Ocean:	_ County :
Construction type:	JM Masonry/N	on-Combustible	Fire Resistive/WI	R Frame NC
□ 100% Hurricane Imj	pact Glass 🛛 100%	Hurricane shutters	Z.	D.
Year Built:	If building is ov	er 15 years old plea	se indicate date of l	last roof replacement
Does your risk have D	Pryvit or EIFS constru	uction ? If <u>yes</u> do not	submit. # of storie	es # of buildings
			+	
Does overlying deduct	ible apply on the (TI	<b>V</b> )? Yes No <b>I</b>	f % deductible app	lies per building, attach schedu
				lies per building, attach schedu
Is there a separate dedu	uctible applied to busi	iness income? Yes_	_ No if yes, ind	-
Is there a separate dedu Please indicate how y	uctible applied to busi	iness income? Yes_ orm & hail deducti	No if yes, ind	licate deductible amount
Is there a separate dedu Please indicate how y	actible applied to busi our primary windste eductible: "Hurr	iness income? Yes_ orm & hail deducti icane" Deductible:	No if yes, ind ble clause applies: Location	licate deductible amount please check which apply:
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