

# Windstorm Deductible Buy Back 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 carrier: \_\_\_\_\_ Policy#: \_\_\_\_\_  
Distance to nearest body of water : \_\_\_\_\_ Distance to Gulf or Atlantic Ocean: \_\_\_\_\_ County : \_\_\_\_\_  
Construction type: JM \_\_\_ Masonry/Non-Combustible\_\_\_ Fire Resistive/WR\_\_\_ Frame\_\_\_ NC\_\_\_  
 100% Hurricane Impact Glass  100% Hurricane shutters  
Year Built: \_\_\_\_\_ **If building is over 15 years old please indicate date of last roof replacement** \_\_\_\_\_  
Does your risk have Dryvit or EIFS construction ? If **yes** do not submit. # of stories \_\_\_\_\_ # of buildings \_\_\_\_\_  
Does overlying deductible apply on the (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 & hail deductible clause applies: please check which apply:**

TIV Wind & Hail Deductible:\_\_\_ "Hurricane" Deductible:\_\_\_ Location Deductible:\_\_\_  
Coverage Deductible:\_\_\_ Calendar Year Deductible: \_\_\_ Named Storm:\_\_\_

Is there a minimum deductible per occurrence? If so state limit \$ \_\_\_\_\_ All Other Wind Ded? \$ \_\_\_\_\_

Mortgagee Loss Payee : \_\_\_\_\_

4) **Buy Back Information:** Please indicate both the overlying windstorm deductible percent and the dollar amount.

**Current Primary Deductible and/Or Flat Amount % \_\_\_\_\_ \$ \_\_\_\_\_ (Required)**

Building Value \$ \_\_\_\_\_

Contents Value \$ \_\_\_\_\_

Business Income Limit \$ \_\_\_\_\_

Miscellaneous Property coverages \$ \_\_\_\_\_ (signs, satellite dishes, food spoilage, off premise power failure, etc.)

**Total Insured Values** \$ \_\_\_\_\_

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 five years? Yes\_\_\_ No\_\_\_

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



Agent Name: \_\_\_\_\_ Agent License # : \_\_\_\_\_ Date: \_\_\_\_\_

Insured's Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_