

WIND/HAIL DEDUCTIBLE BUY-BACK APPLICATION



Insured Name:		Application Date:	
Mailing Address:			
City:	State:	Zip:	County:
Physical Address (attach schedule):			
City:	State:	Zip:	County:
Distance from nearest coastline:		Inception Date:	
Breakdown of Total Insured Values			
Buildings:	\$		
Contents:	\$		
Business Income/Extra Expense:	\$		
Other (please specify):	\$		
TOTAL Insured Values	\$		
Occupancy:			
# of locations:	# of buildings:	# of stories:	
Year built:	Is risk 100% storm shuttered? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Construction type: <input type="checkbox"/> Frame <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Non-Combustible <input type="checkbox"/> Masonry Non-Combustible <input type="checkbox"/> Fire Resistant			
Is this a builder's risk exposure (currently under construction)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Roof construction: <input type="checkbox"/> Asphalt shingle <input type="checkbox"/> Wood shingle <input type="checkbox"/> Tile <input type="checkbox"/> Metal <input type="checkbox"/> Slate <input type="checkbox"/> Other _____			
Are there any solar panels? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the roof certified? <input type="checkbox"/> UL221 <input type="checkbox"/> FM4473 <input type="checkbox"/> UL90 (Louisiana only) <input type="checkbox"/> Unknown			
Date of roof replacement:		Date of roof update:	
5-Year Loss Record for Wind and/or Hail Only			
# of Claims	Total Amount Paid		
Year 1:	\$		
Year 2:	\$		
Year 3:	\$		
Year 4:	\$		
Year 5:	\$		
Indication Required			
Type of coverage required: <input type="checkbox"/> Standard wind & hail deductible <input type="checkbox"/> "Named storm" deductible			
Deductible and deductible language on overlying wind/hail policy:			
Deductible required:			
_____		_____	
Insured signature		Date	