

Windstorm Deductible Buy Back Insurance Homeowners

1) **Agent Information:**

Agency Name : _____

Agent : _____

Fax # : _____ Contact # _____

2) **Location Information:**

Insureds Name : _____

Mailing Address : _____

Location Address : _____

Contact Person : _____ Contact Phone #:() _____

Effective Date : _____

3) **Underwriting Information:**

HO Form: _____ Overlying carrier _____ Policy # _____

Distance to nearest body of water : _____ Distance to Gulf or Atlantic Ocean _____ County : _____

Construction type: Frame Masonry Non-Combustible Masonry/Non-Combustible Fire Resistive/WR

Is home 100% storm shuttered? Yes No # of stories _____ # of buildings _____

Year Built: _____ If building is over 15 years old please indicate date of last roof replacement _____

Has Dryvit insulation been applied to building exterior? Yes No

Does overlying deductible apply on a (TIV). Yes No. If % deductible applies per building attach schedule.

Please indicate the overlying policy Windstorm & Hail clause: *please check (✓) which applies*

Standard Wind & Hail deductible "Named Storm" deductible "Hurricane" deductible

Is this a builders risk exposure: Yes No Soft Costs\$ _____ Delay Limit\$ _____

If yes, please indicate % of work completed: _____ Estimated date of completion : _____

Mortgagee Or Loss Payee _____

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

Current % deductible and \$amount % _____ \$ _____ *(Required)*

Building Value \$ _____

Contents \$ _____

Other Structures \$ _____

Loss of Use Limit \$ _____

Additional scheduled items \$ _____ *(Jewelry, fine Arts, Silver ect.)*

Total Insured Values \$ _____

Indicate \$ or % amount you wish to buy down underlying carriers deductible to 5%__ 3%__ 2 ½%__ 2%__ 1%__ \$ _____

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: _____

Producing Agent : _____ Date: _____

Agent License # : _____

Insureds Signature: _____ Date: _____

