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 ___   Non-Combustible___   Masonry/Non-Combustible___   Fire Resistive/WR___

Is risk 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 risk have a UL90 Roof ?   Yes   No (Answer only if located if this risk is located in Louisiana)

Does overlying deductible apply on a (**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 the how your primary Windstorm & Hail deductible clause applies: *please check (✔) which apply*

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

Location Deductible_____   Coverage Deductible_____   Policy Deductible_____

Is there a minimum deductible per occurrence? If so state limit $_____

Is this a builder's risk exposure: ☐ Yes ☐ No   Mortgagee Or Loss Payee _____

4) **Buy Back Information:** Please indicate both the current 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:_____

Producing Agent :_____   Date:_____

Agent License # :_____ Insureds Signature:_____ Date:_____

Hull & Company