



WIND AND HAIL DEDUCTIBLE BUY BACK
INSURANCE

1. Name of Insured: _____

2. Mailing Address: _____

3. Location Address: _____

4. Years in Business: _____

5. Occupancy of Building: _____

6. Total Value of Risk Split by

Buildings: USD _____

Contents: USD _____

Business Income USD _____

Other (specify please) USD _____

(if multiple locations please attach an excel spreadsheet)

7. Construction of Location: _____

8. Year Built: _____

9. Has Roof been updated if over 15 years old: YES NO

If YES to above are updates FULL or PARTIAL: _____

10. Condition/Housekeeping of Location: _____

11. Distance From Coastline : _____

12. Wind/Hail Loss Record Last 5 years _____

13. Deductible that Insured has from Primary Carrier for Wind/Hail –

EITHER - USD _____ OR % of Total Insured Value _____%

14. Amount of Buy Back Required:

EITHER - USD _____ OR % of Total Insured Value _____%

15. Target Pricing: _____

16. Other Information _____

17. Proposed Inception Date: _____

18. Name of Broker: _____

19. Agency Name & Phone Number _____

Submit