



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 _____
 7. Construction of Location: _____
 8. Year Built: _____
 9. Year roof last updated:
Roof updates were FULL PARTIAL
 10. Condition/Housekeeping of Location: _____
 11. Distance From Coastline : _____
 12. Wind/Hail Loss Record Last 5 years _____
- Primary Property Policy Deductible Type?
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 _____