



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 _____