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Windstorm Deductible Buy Back Insurance

1) Agent Information: Agency Name :
Agent :
Fax #:

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: