



Named Storm Wind Deductible Buy-Back Program APPLICATION

Owner/ Operator Name: _____

Entity Name: _____

Mailing Address: _____

Email Address: _____ Phone: _____

Current Package Insurance Carrier: _____

To request a quotation - please **certify** the following:

- ✓ I have accurately noted loss details for each location on the below Store List to the best of my recollection. Note; loss data is for information gathering purposes only and will NOT affect your premium;
- ✓ I confirm that the Current Carrier and Named Storm Wind Deductibles listed below are correct;
- ✓ I understand this coverage is fully earned and there will be no refunds of premium.

***Complete the below for Named Storm Wind losses over the past five years.
Also include offices or warehouses that require a lower deductible.***

Store Address (attach a separate list if needed)	Current Named Storm Wind Deductible (% or \$) Note: If %, please include the total insured value.	Est. # of Wind Losses over 25,000 at this location	Est. Wind losses paid over 25,000 at this location

Signature of Owner/Operator: _____ **Date** _____

BESNARD & ASSOCIATES INSURANCE

For fastest response, please return this application via:

Email: Adam.Besnard@besnardinsurance.com OR FAX 813-926-1724

16506 Pointe Village Drive Suite 103 Lutz, FL 33558

If you have any questions – call us toll-free at 877-200-1718 or Direct at 813-926-1447

Thank you for your interest in our program!