



Florida Wind Deductible Elimination Plan

APPLICATION



Owner/Operator:	
Email Address:	
Primary Mailing Address:	
Phone:	
Property/Wind Insurance Carrier:	

Location Number	Location Address	# of Floors	Commercial/ Residential	Named Windstorm Deductible or Percentage	Year Built	Construct. Type *	Total Insured Value **

* Construction Types: Frame, Mason, Steel, Joint Masonry, Unknown

** Total Insured Value (Property + Bus. Income + Contents + Others)

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

- ✓ I understand coverage is not bound or in effect just by submitting an application;
- ✓ I confirm that the ALL information listed above is correct;
- ✓ I understand this coverage is fully earned and there will be no refunds of premium.

Signature: _____ **Date:** _____

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