



**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 confirm that the Current Carrier, Construction, and Named Storm Wind Deductibles listed below are correct;
- ✓ I understand this coverage is fully earned and there will be no refunds of premium.

Store Address (attach a separate list if needed)	Current Named Storm Wind Deductible (% or \$) Note: If %, please include the total insured value.	Total Insured Value (Required if deductible is % so we can calculate the deductible amount)	Frame Construction?

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!