

# APPLICATION

## Wind Deductible Buy-Down



Company Name:	
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:** \_\_\_\_\_

