Windstorm Deductible Buy Back Insurance

	A NT		
1) Agent Information:	Agency Name	:	
	Agent	:	
	Fax #	: Contact	#
2) Location Information:	Corporation Name	:	
	Mailing Address	:	
	Location Address	:	A Contraction of the second se
	Contact Person	:Contact Phone	#:
LNS and	Effective Date	:	
3) Underwriting Information	New .	5	X
Occupancy:	- Contractor	Overlying carrier	Policy #
Distance to nearest bod	y of water : D	Distance to Gulf or Atlantic Ocean _	County :
Construction type: J	M Non-Comb	bustible Masonry/Non-Com	bustible Fire Resistive/WR
Is risk 100% storm shut	ttered? Yes No	# of stories # of buildings _	
Year Built:	If building is ove	er 15 years old please indicate da	te of last roof replacement
Has Dryvit insulation b	een applied to buildin	ng exterior? \Box Yes \Box No	N.
Does risk have a UL90	Roof? Yes No	(Answer only if located if this risk	is located in Louisiana)
Does overlying deducti	ble apply on a (TIV).	. Yes No If % deductible	onnling non huilding ottoch schodulo
	11 2 ()		applies per building attach schedule.
			es, indicate deductible amount
Is there a separate dedu	ctible applied to busin	ness income? Yes No <i>if y</i>	ves, indicate deductible amount
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