Wind Deductible Buyback Application

Name of Insured:			
Mailing Address:	Street:		
City:	State:	Zip:	County:
Physical Address (attach schedule):	Street:		
City:	State:	Zip:	County:
Distance from nearest coastline:			
Inception Date:			

Breakdown of Total Insured Values	
Buildings	$
Contents	$
BI/EE	$
Other: *Please Specify*	$
TOTAL Insured Values	$

Occupancy:		
# of Locations:	# Buildings:	# of stories:
Year Built:	Flood Zone: _____ n/a ☐	Is risk 100% storm shuttered: Yes ☐ No ☐
Construction Type: Frame ☐ Joisted Masonry ☐ Masonry Non-Comb ☐ Fire Resistive ☐ Non-Combustible ☐		
Roof Type: Flat ☐ Gable ☐ Hip ☐ Other ☐ _____		
Roof Construction: Asphalt Shingle ☐ Wood Shingle ☐ Tile Shingle ☐ Metal ☐ Slate ☐ Other ☐ _____		
Roof Support Type: Wood ☐ Metal ☐ Concrete ☐ Other ☐ _____		
Is roof certified? UL221 ☐ FM4473 ☐ Don't know ☐		
Date of Roof Replacement:	Date of Roof Update:	

5 Year Loss Record for Wind and/or Hail Only	
Yr 1:	$
Yr 2:	$
Yr 3:	$
Yr 4:	$
Yr 5:	$

Type of coverage required: ☐ Wind and Hail ☐ Named Windstorm Only ☐ Flood ☐ Other

Indication Required
Current Deductible and Deductible Language:
Does overlying limit apply to TIV? Yes ☐ No ☐ *If overlying deductible applies per building, attach schedule.*
Limit Required:
Deductible Required:
Target Premium (for 100%) per annum:

Subjectivities: 100% Minimum Earned Premium, Valuation as per the overlying policy, Confirmation of the overlying carrier, Confirmation of the overlying policy #, Surplus Lines License, No cover given, Full Terms and Conditions to be agreed prior to binding.

Agents Full Name _____ Agents Signature _____

Date of Application _____

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Please return completed application to commercial@orchidinsurance.com