



**DEDUCTIBLE BUY-BACK APPLICATION FORM**

Note: This Application Form must be completed by the Proposed Insured.

**1. INSUREDS NAME & MAILING ADDRESS:**

<b>Applicant's Company Name:</b>	
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<b>Applicant's Mailing Address:</b>	
	<b>Zip (postcode):</b>

<b>Website Address:</b>	<b>www.</b>
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**2. BUSINESS ESTABLISHED:**

<b>Year Business Established:</b>	
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**3. DESCRIPTION OF INSUREDS BUSINESS OPERATIONS**

<b>Business Activities:</b>	

**4. LOCATION INFORMATION:**

<b>Location Address:</b>	<b>Location 1:</b> <span style="float: right;"><b>Zip:</b></span> <b>Location 2:</b> <span style="float: right;"><b>ZIP:</b></span> <b>Location 3:</b> <span style="float: right;"><b>Zip:</b></span>  <b>*Please provide schedule for additional locations.</b>
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<b>Construction Type:</b>	<b>Location 1:</b> Frame <input type="checkbox"/> Non-Combustible <input type="checkbox"/> Fire Resistive/WR <input type="checkbox"/> Masonry/Non-Combustible <input type="checkbox"/>  <b>Location 2:</b> Frame <input type="checkbox"/> Non-Combustible <input type="checkbox"/> Fire Resistive/WR <input type="checkbox"/> Masonry/Non-Combustible <input type="checkbox"/>  <b>Location 3:</b> Frame <input type="checkbox"/> Non-Combustible <input type="checkbox"/> Fire Resistive/WR <input type="checkbox"/> Masonry/Non-Combustible <input type="checkbox"/>  *Please provide schedule for additional locations.
<b>Year Built, Number of Stories &amp; Number of Buildings:</b>	<b>Location 1:</b> <b>No. of Stories:</b> <b>No. of Buildings:</b> <b>Location 2:</b> <b>No. of Stories:</b> <b>No. of Buildings:</b> <b>Location 3:</b> <b>No. of Stories:</b> <b>No. of Buildings:</b>  *Please provide details of any additional locations.
<b>Date of Last Roof Replacement:</b>	<b>Location 1:</b> <b>Location 2:</b> <b>Location 3:</b>  Were all roofs repaired/replaced by a qualified professional: Yes <input type="checkbox"/> No <input type="checkbox"/>  *Please provide details of any additional locations.
<b>Storm Shutters:</b>	<b>Location 1:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Location 2:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Location 3:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>  *Please provide confirmation for additional locations.

**5. BUY-BACK INFORMATION**

<b>Overlying Carrier (Insurer):</b>	
<b>Current Percentage (%) Deductible:</b>	% of Loss.
<b>Current Dollar Amount:</b>	\$



<b>Does Overlying Deductible Apply to Total Insured Values:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Does Overlying Deductible Apply per Building:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Building Values:</b>	Location 1: \$ Location 2: \$ Location 3: \$ *Please provide details for additional locations.
<b>Contents Value:</b>	Location 1: \$ Location 2: \$ Location 3: \$ *Please provide details for additional locations.
<b>Other Structures:</b>	Location 1: \$ Location 2: \$ Location 3: \$ *Please provide details for additional locations.
<b>Loss of Use Limit:</b>	Location 1: \$ Location 2: \$ Location 3: \$ *Please provide details for additional locations.
<b>TOTAL VALUES PER LOCATION:</b>	Location 1: \$ Location 2: \$ Location 3: \$ *Please provide details for additional locations.



**6. LOSS HISTORY**

<p>Have There Been Any Insured or Self-Insured Windstorm or Hail Losses in The Last 5 Years:</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>*If Yes, Please Provide Full Details (&amp; attach to this Application Form)</i></p>
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Should there not be enough room on this application form to fully enter the details required, please continue on a separate sheet of paper and attach to this application form.

IT IS THE DUTY OF THE INSURED AND THE INSURED'S AGENT TO DISCLOSE ALL MATERIAL FACTS TO UNDERWRITERS BEFORE THE CONTRACT OF INSURANCE IS CONCLUDED AND ANY FAILURE TO DO SO MAY VOID THE INSURANCE CONTRACT. COMPLETION OF THIS QUESTIONNAIRE DOES NOT RELIEVE THE INSURED AND THEIR AGENTS OF THIS DUTY AND IT IS ESSENTIAL THAT ALL MATERIAL FACTS WHICH ARE NOT INCLUDED WITHIN THE ANSWERS TO THE QUESTIONS POSED HEREIN ARE DISCLOSED TO UNDERWRITERS IN ADDITION.

I (THE APPLICANT) DECLARE THAT THE ATTACHED PARTICULARS AND ANSWERS ARE TRUE, CORRECT AND COMPLETE IN EVERY RESPECT TO MY KNOWLEDGE AND BELIEF. I AGREE THAT THIS APPLICATION AND DECLARATION SHALL FORM THE BASIS OF INSURANCE BETWEEN ME AND THE UNDERWRITERS IF A POLICY IS ISSUED.

Name and Position: \_\_\_\_\_

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_