



Wind/Hail Deductible Buyback **Application**

14241 Dallas Parkway, Suite 850 | Dallas, Texas 75254

Name of Insured: _____ Effective Date: _____
Mailing Address: _____
City: _____ State: _____ ZIP: _____ County: _____
Physical Address: _____
City: _____ State: _____ ZIP: _____ County: _____
Distance from nearest coastline: _____

BREAKDOWN OF TOTAL INSURED VALUES

Buildings: \$ _____ BI/EE: \$ _____
Contents: \$ _____ Other (please specify) _____ : \$ _____
TOTAL INSURED VALUES \$ _____

Occupancy: _____
Number of Locations: _____ Number of Buildings: _____ Year Built: _____
Square Footage: _____ Number of Stories: _____ Construction Type: _____
Roof Type: _____ Date of Roof Replacement: _____ Date Roof Updated: _____

5 YEAR LOSS RECORD FOR WIND AND/OR HAIL ONLY

Year 1: \$ _____ Year 2: \$ _____ Year 3: \$ _____
Year 4: \$ _____ Year 5: \$ _____

Type of coverage required: ☐ All Wind and Hail ☐ Named Windstorm Only ☐ Named Hurricane Only

INDICATION REQUIRED

Current Overlying Deductible: \$ _____ Target Premium: \$ _____
Desired Insured Retention: \$ _____ Overlying Carrier: \$ _____

SUBJECTIVITIES: Loss runs; roof replacement warranty (as applicable); pre-existing damage exclusion (as applicable); valuation as per the overlying policy; confirmation of the overlying carrier; confirmation of the overlying policy number; surplus lines license; no cover given; full terms and conditions to be agreed upon prior to binding.

It is agreed that the completion of this application neither obligates the Applicant to purchase insurance nor binds the issuing carrier to effect insurance.

Authorized signature

Date

Typed or printed name:

Title:

Please submit this completed application to your TCAP underwriter.

Bill Rinker: bill.rinker@usrisk.com

Daniel Malhotra: daniel.malhotra@usrisk.com

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