

Deductible Buy Back Application



email: info@uigusa.com phone: 800.385.9978

The Agent Agency

1. Insured Legal Name: _____

2. **Mailing** Address: _____
(Street) (City) (State) (Zip)

3. **Location** Address: _____
(Street) (City) (State) (Zip) (County)

4. Distance from nearest coastline: _____

5. Effective Date: _____ Expiry Date: _____

6. Additional Interest: _____
(Name) (City) (State) (Zip)

7. Total Insured Values:

Buildings	\$
Contents	\$
BI/EE	\$
Other (please specify)	\$
Total Insured Values	\$

8. Occupancy: _____

9. Number of Locations: _____ (if more than one location – provide SOV spreadsheet)

10. Number of Buildings: _____

11. Construction Type: _____ Built: _____ Number of Stories: _____

12. Roof Type: Flat Gable Hip Other _____

13. Outside Roof Construction: Slate Asbestos Foam/Plastic Metal Other _____

14. Roof Support Type: Wood Metal Concrete Other _____

15. Date of last Roof Replacement: _____ Date of last Roof Update: _____

16. 5 Year Loss for Wind and/or Hail Only:

2009	\$
2010	\$
2011	\$
2012	\$
2013	\$
Type of coverage required:	

INDICATION REQUIRED

17. Current deductible and deductible language: _____

18. Limit required: \$ _____

19. Deductible required: _____

20. Target Premium (for 100%) per annum: \$ _____

- Subjectives:**
- 100% minimum earned premium
 - 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 #

Signature _____

Title: _____

Printed Name _____

Date: _____