

## WIND DEDUCTIBLE BUYBACK APPLICATION

### APPLICANT INFORMATION

NAME:	
MAILING ADDRESS:	
PROPOSED EFF DATE: FROM:	TO:
WEBSITE:	
FORM OF BUSINESS: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> CORPORATION	YEARS IN BUSINESS
<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> LIMITED CORPORATION <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> OTHER	

### PREMISES INFORMATION

LOC#	BLD#	STREET, CITY, STATE, ZIP CODE	Construction Type	Total Area	# Of Stories	Occupancy	Year Built

### GENERAL INFORMATION

1. Are any of the buildings located on a boardwalk or a pier?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe: _____	
2. Are any of the buildings located on a barrier Island?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe: _____	

### PRIMARY PROPERTY POLICY INFORMATION

#### LOCATION 1

BLD#	Coverage	Limit of Insurance	Valuation	Coins %	Wind Deductible Amount % or amount	Requested buyback deductible limit	Named Storm?
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

#### LOCATION 2

BLD#	Coverage	Limit of Insurance	Valuation	Coins %	Wind Deductible Amount % or amount	Requested buyback deductible limit	Named Storm?
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

#### LOCATION 3

BLD#	Coverage	Limit of Insurance	Valuation	Coins %	Wind Deductible Amount % or amount	Requested buyback deductible limit	Named Storm?
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>



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**LOSS HISTORY :**

Enter all wind or hail claims or losses for the prior 5 years				Check if none <input type="checkbox"/>	See Attached summary <input type="checkbox"/>	
Date of occurrence	Type/Description of Occurrence or claim	Date of Claim	Amount Paid	Amount Reserved	Claim Status	
					Open	Close
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant\*: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Producer Code: \_\_\_\_\_

Date: \_\_\_\_\_

\*Signing this application does not bind the applicant or the company to complete the insurance.