



COMMERCIAL WIND DEDUCTIBLE BUYBACK APP

Named Insured:

Email:

Mailing Address:

Property Location:

(If more than 1 Location and/or Building please complete SOV with application) Double Click Paperclip for SOV Template

Agency:

Location Details/Requested Coverage

Proposed Effective Date:

Underlying Policy:

Underlying Deductible: _____ per _____ if other:

Buyback Option: _____ to _____ per _____

Type of Cover:

Occupancy Type:

Do you want to add Wind Driven Rain?: _____ (only add if included on underlying policy)

(If more than one Location/Building use SOV - skip this box) Location TIV: Year Built: Construction Type: Roof Age: Roof Material:

Any Wind Claims in the last 3 years?

If yes, please describe:

MEP: 100% Quote valid for 30 days

IMPORTANT NOTICES:

This application does not bind the applicant to buy, or the insurer to issue the insurance, but it is agreed that this application shall be the basis of the insurance policy.

Applicant's Statement: The undersigned applicant declares that if the information supplied on this application changes between the date of the this application and the time when the insurance policy is issued, the applicant will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorizations or agreement to bind this insurance.

The undersigned applicant declares that I have read and understand the entire application and that the statements set forth in this application are true and complete.

Applicant Signature: _____ Date: _____

Binding requirements are listed below.

- 1. SECU Application must be completed and signed.
2. Copy of Accepted quote.
3. Overlaying Policy Carrier _____ Overlaying Policy # _____
4. Premium Payment made payable to Agency (Agency Billed Account)
5. Coverage cannot be bound or altered without written authority from South East Coastal Underwriters.

Click Here to Submit