



Wind/Hail Deductible Buyback **Application**

U.S. Risk, LLC | 8401 N. Central Expressway, Dallas, Texas 75225

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: _____

Submit this completed application
to your TCAP underwriter:

Bill Rinker: bill.rinker@usrisk.com
 Brian Edwards: brian.edwards@usrisk.com
 Nicole McCarthy: nicole.mccarthy@usrisk.com

Lauren Levens: lauren.levens@usrisk.com
 Jacob Pomroy: jacob.pomroy@usrisk.com