

FLORIDA WIND COVERAGE REQUEST

Please read carefully and complete all sections.

Section I – Applicant

Insured: _____

Mailing Address: _____

Section II – Risk Information

Location:

Street Address: _____

Enter single building number only. Do not use spaces, hyphens or multiple building numbers as the building address.

Address _____

2/Description: If the same address is used for multiple buildings, enter unique building identifiers into the second address line.

City, State: _____, _____

Zip: _____ - _____

Construction Class: _____ **Wood Frame (Frame)**
(Check One) _____ **Light Metal Frame**
_____ **Joisted Masonry- Ordinary (Masonry)**
_____ **Non-Combustible-Ordinary (Masonry)**
_____ **Masonry Non-Combustible-Ordinary (SWR)**
_____ **Modified Fire Resistive (SWR)**
_____ **Fire Resistive (WR)**

Type of Cladding _____ **EIFS**
(siding): _____ **Concrete**
(Check One) _____ **Other**

Year of Construction: _____ YYYY

When was the roof last completely updated?: _____ YYYY (Enter year of construction or year that roof updates were made.)

Roof Type: _____ **Flat** _____ **Gable** _____ **Hip**

Is there a sign or satellite dish attached to the roof?: _____ (Y/N)

Number of Stories: _____

Total Square _____ sq ft

Footage:

- Nature of Business: _____ Agricultural/Food Processing
_____ Apartments (5 units or more)
_____ Church
_____ Condominium/Townhouse (Association Risk Only)
_____ Construction
_____ County, State or Government or their agencies
_____ Hotel/Motel
_____ Manufacturing
_____ Municipalities or any of their agencies
_____ Office
_____ Other Commercial Property
_____ Public Building
_____ Restaurant
_____ Retail
_____ School
_____ Service
_____ Wholesale

- Insured's Interest: _____ Lessor
_____ Tenant
_____ Owner/Occupant

Is risk within city
limits?: _____ (Y/N)

Windstorm
Protective Devices
Credit: _____ (Y/N)

If Yes, Class:

Does this building
qualify for Wind
Mitigation credits
based on Florida
Insurance Code
Section
627.0629(1)?: _____ (Y/N)

Is any part of the
structure over tidal
water?: _____ (Y/N)

Is the building in the
process of exterior
renovation?: _____ (Y/N)

Is the building in the
process of exterior
construction?: _____ (Y/N)

Is the building vacant?: _____ (Y/N)

Is the building in good condition/good repair?: _____ (Y/N)

Is the risk located in a single-family dwelling or residence?: _____ (Y/N)

Is the building located on a barrier island?: _____ (Y/N) – If Y, Flood insurance or Waiver required

Is the building located within the FWUA Zone?: _____ (Y/N)

Building: \$ _____ 100% Replacement Cost Required - No Blanket Limits

Business Personal Property: \$ _____ 100% Replacement Cost Required - No Blanket Limits

Tenant Improvements and Betterments: \$ _____ 100% Replacement Cost Required - No Blanket Limits

Business Income/Rental Value/Extra Expense: \$ _____ No Blanket Limits

Business Income is limited to 50% of the sum of the Building, Business Personal Property and Tenant Improvements & Betterments limits, or \$100,000, whichever is greater. Must be reported at 100% valuation

Does this building have flood insurance?: _____ Y/N/W-Waiver (Will sign and submit Flood Waiver prior to binding)

Is the property carrier an admitted company in the state of FL?: _____ (Y/N)

Prior Wind Carrier?: _____

Inspection Contact: _____

Phone Number of Property Manager or Building Owner: _____

Mortgagee/Loss _____
Payee: _____

Prior Losses _____

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

Applicant: _____ Title: _____

Applicant's _____ Date: _____
Signature: _____

Agent/Broker Name: _____