

FLORIDA WINDSTORM UNDERWRITING ASSOCIATION

COMMERCIAL AND COMMERCIAL-RESIDENTIAL

PREVIOUSLY FAXED (DATE): _____ FWUA APPLICATION FAX #: (904) 281-5090 FWUA 01 - CR/C (7/2000)
SEE MANUAL FOR GUIDE TO COMPLETE APPLICATION.

(1) NEW ENDORSEMENT TITLE TRANSFER PREVIOUS OR CURRENT POLICY #:

(2) LICENSED FLORIDA PRODUCER NAME, MAILING ADDRESS AND TELEPHONE #

 PRODUCER LICENSE # (REQUIRED): _____

(3) AGENCY CODE #

(4) APPLICANT'S NAME AND MAILING ADDRESS
 LAST FIRST MI

(5) MORTGAGEE/LOSS PAYEE (NAME AND ADDRESS) TO ITEM #:

(6) PAYOR: MORTGAGEE INSURED PRODUCER
 OR OTHER PAYOR:

LOAN #:

(7) POLICY FORM REQUESTED
 COMMERCIAL
 COMMERCIAL RESIDENTIAL

(8) # STORIES
 ONE
 TWO
 THREE

(9) CONSTRUCTION
 FRAME
 MASONRY
 SEMI-WIND RESISTIVE
 WIND-RESISTIVE

(10) OCCUPANCY

 SEE MANUAL FOR OCCUPANCY CODES

(11) ADDITIONAL INFO
 UNDER CONSTRUCTION
 ON STILTS/PILINGS
 RISK(S) INSURED BY ASSOCIATION OF PROPERTY OWNERS

(12) IS PROPERTY OCCUPIED BY: (14) BCEGS GRADE
 OWNER TENANT
 YES NO

(13) TENANT CONTENTS
 YES NO

TERRITORY CODE

RATE TABLE

(15) IF CONDO/APT/TWHS/MOTEL
 NAME OF COMPLEX

(16) IF MOBILE HOME COMPLIES WITH ANS/ANCE CODE #7-88 YES NO
 MODEL YEAR/NAME

(17) DESCRIPTION OF OCCUPANCY

TOTAL # OF UNITS IN BLDG _____ SPECIFIC UNIT # _____ ABOVE GROUND FLOOR
 YES NO

DIMENSIONS _____ MOBILE HOME ID # _____

BUILDING #/PHASE # _____ LOT # & MOBILE HOME PARK _____

(18) PROPERTY LOCATION
 STREET # _____ STREET NAME _____ CITY _____ COUNTY _____ ZIP CODE _____

FWUA SUPPLEMENT APPLICATION SCHEDULE ATTACHED FOR ADDITIONAL ITEMS
 YES NO

(19) AMOUNT OF COVERAGE
 AMOUNT REQUESTED: BUILDING \$ _____
 AMOUNT REQUESTED: CONTENTS (INC ADDITIONS & ALTERATIONS) LIMITED TO 50% OF BLDG \$ _____
 AMOUNT REQUESTED: OTHER \$ _____

(20) COMMERCIAL-RESIDENTIAL DEDUCTIBLE

	HURRI-CANE	OTHER WIND
3%	<input type="checkbox"/>	3%
5%	<input type="checkbox"/>	1%
10%	<input type="checkbox"/>	\$1000 FLAT

(21) COMMERCIAL DEDUCTIBLE
 3% 5%

(22) CO-INSURANCE COMMERCIAL ONLY
 80% 90% 100% WAIVED-1ST LOSS TABLE

FWUA USE ONLY

CLASS	AIBL CODE
TYPE	BLDG CODE
OP-RATE	OTHER
PARTY WALLS? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	

(23) UNDERWRITING INFORMATION
 100% REPLACEMENT COST: BLDG (N/A TO MOBILE HOMES) \$ _____
 ACTUAL CASH VALUE: BUILDING \$ _____
 ACTUAL CASH VALUE: CONTENTS \$ _____

THIS BUILDING WAS CONSTRUCTED (YEAR) _____ TOTAL FLOOR AREA OF BUILDING (SQUARE FEET) _____

FLOOD INSURANCE CARRIER (FLOOD POLICY MANDATORY IN ZONES A & V) _____

FLOOD POLICY # _____ FLOOD ZONE _____

HOMEOWNERS/FIRE INSURANCE CARRIER _____

HOMEOWNERS/FIRE POLICY # _____

BUILDING LIMIT ON HO POLICY (IF KNOWN) \$ _____

(24) WINDSTORM PROTECTIVE DEVICE CREDIT
 NO
 YES (ATTACH CERTIFICATE)

(25) ENDORSEMENT FORMS REQUESTED
 FWUA 04 21 WINDSTORM PROTECTIVE DEVICES
 FWUA 04 75 ACV LOSS SETTLEMENT
 FWUA 11 19 BUILDERS RISK
 FWUA 11 20 BUILDERS RISK
 FWUA 17 98 COMMERCIAL CONDO
 FWUA 17 99 COMMERCIAL CONDO ASSOCIATION

IF YES CLASS A
 CLASS B
 CLASS C

(26) TOTAL PREMIUM
 \$ _____ (ATTACH CHECK)

IS THERE UNREPAIRED PHYSICAL DAMAGE TO THE PROPERTY? YES NO

ARE THERE LOSSES WITHIN THE LAST 2 YEARS? YES NO

IF YES, INDICATE ON PAGE 2

(27) ATTACH ORIGINAL PHOTO(S) TO REVERSE (IF REQUIRED)

(28) EFFECTIVE DATE REQUESTED

(29) I HEREBY CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND AND AGREE TO THE TERMS AS SET FORTH ON PAGE 2.

 SIGNATURE OF APPLICANT AND DATE

 SIGNATURE OF PRODUCER OF RECORD

 TELEPHONE #

 FAX #

