

FLORIDA WINDSTORM UNDERWRITING ASSOCIATION

RESIDENTIAL-DWELLING

FWUA 01-R (7/2000)

PREVIOUSLY FAXED (DATE): _____

FWUA APPLICATION FAX #: (904) 281-5090

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) # STORIES: ONE TWO THREE
 (8) CONSTRUCTION: FRAME MASONRY REINFORCED MASONRY*
 (9) OCCUPANCY: _____ SEE MANUAL FOR OCCUPANCY CODES
 (10) ADDITIONAL INFO: UNDER CONSTRUCTION ON STILTS/PILINGS RISK(S) INSURED BY ASSOCIATION OF PROPERTY OWNERS
 (11) IS PROPERTY SECONDARY RESIDENCE: YES NO
 (12) IS PROPERTY OCCUPIED BY: OWNER TENANT
 (13) TENANT CONTENTS: YES NO
 (14) BCEGS GRADE: RESIDENTIAL RATE TABLE
 (15) TERR CODE: _____
 (16) ROOF TYPE: GABLE HIP FLAT OTHER

(17) ROOF COVERING: SHINGLES CLAY TILE CONCRETE TILE SLATE REINFORCED CONCRETE* OTHER
 (18) ROOF SHEATHING ATTACHMENT: STANDARD (6D NAILS) SUPERIOR (8D OR LARGER NAILS)* ADHESIVE*
 (19) OPENINGS: GARAGE ATTACHED TO DWELLING: NONE SINGLE-WIDE DOUBLE/MULTIPLE
 (20) OPENINGS: SLIDING GLASS DOORS: (EXITS TO PORCH, PATIO OR EXTERIOR OF DWELLING): NONE 1 DOOR 2 DOORS 3 OR MORE DOORS
 (21) ATTACHED PORCHES/CARPORTS: NONE PORCH CARPORT PORCH & CARPORT
 (22) BUILDING INFORMATION*: SECONDARY WATER RESISTANCE: YES NO
 IF YES, WHICH TYPE: EXTERIOR INTERIOR

(23/24) BUILDING INFORMATION*: YES NO ROOF TIE DOWN STRAPS/CLIPS YES NO GABLE ENDS PROPERLY BRACED? YES NO REINFORCED MASONRY ROOF?
 YES NO GARAGE DOOR SST 12 OR DADE COUNTY APPROVED? YES NO IF NO, IS IT BRACED WITH APPROVED SYSTEM?
 (25) IF CONDO/APT/TWHS/MOTEL: NAME OF COMPLEX _____
 TOTAL # OF UNITS IN BLDG _____ SPECIFIC UNIT # _____ ABOVE GROUND FLOOR YES NO
 BUILDING #/PHASE # _____
 (26) IF MOBILE HOME ANSI/ANCE CODE #7-88 YES NO
 MODEL YEAR/NAME _____
 DIMENSIONS _____ MOBILE HOME ID # _____
 LOT # & MOBILE HOME PARK _____

(27) PROPERTY LOCATION
 STREET # _____ STREET NAME _____ CITY _____ COUNTY _____ ZIP CODE _____
 FWUA SUPPLEMENT APPLICATION SCHEDULE ATTACHED FOR ADDITIONAL ITEMS YES NO

(28) AMOUNT OF COVERAGE
 AMOUNT REQUESTED: BUILDING \$ _____
 AMOUNT REQUESTED: CONTENTS (INC ADDITIONS & ALTERATIONS) LIMITED TO 50% OF BUILDING \$ _____
 AMOUNT REQUESTED: OTHER \$ _____
 (29) 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 _____
 (31) HOMEOWNERS/FIRE INSURANCE CARRIER _____
 HOMEOWNERS/FIRE POLICY # _____
 INSURING LIMIT ON HO POLICY (IF KNOWN) \$ _____
 (33) DEDUCTIBLE

	HURRI-CANE	OTHER WIND
2%	<input type="checkbox"/>	<input type="checkbox"/>
3%	<input type="checkbox"/>	<input type="checkbox"/>
4%	<input type="checkbox"/>	<input type="checkbox"/>
5%	<input type="checkbox"/>	<input type="checkbox"/>
\$500 FLAT	<input type="checkbox"/>	<input type="checkbox"/>
\$500 FLAT	<input type="checkbox"/>	<input type="checkbox"/>

(30) 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

(32) WINDSTORM PROTECTIVE DEVICE CREDIT
 NO YES (ATTACH CERTIFICATE)
 IF YES HURRICANE ORDINARY
 (34) TOTAL PREMIUM \$ _____ (ATTACH CHECK)
 (35) ATTACH ORIGINAL PHOTO(S) TO REVERSE (IF REQUIRED)
 (36) EFFECTIVE DATE REQUESTED _____
 *AFFIDAVIT/CERTIFICATE REQUIRED
 PARTY WALLS? YES NO UNKNOWN

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

(37) 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 # _____

