

COMMERCIAL - WIND/HAIL  
DEDUCTIBLE BUYBACK  
QUESTIONNAIRE (v1.5 Released 1.14.2025)



Prospective Insured \_\_\_\_\_  
Mailing Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Proposed Effective Date \_\_\_\_\_ Include Wind Driven Rain Coverage? Yes \_\_\_\_\_ No \_\_\_\_\_

**PRIMARY** Wind/Hail Deductible \_\_\_\_\_ \$ \_\_\_\_\_ or % \_\_\_\_\_ Overlying Cvg: <sup>Select ONE</sup> All Wind/Hail  
**DESIRED** Wind/Hail Deductible \_\_\_\_\_ \$ \_\_\_\_\_ or % \_\_\_\_\_ Named W/H  
W/H Only

Quote  
With & \_\_\_\_\_  
Without \_\_\_\_\_  
(Available on  
Aegis OPAL  
program only)

Overlying Carrier \_\_\_\_\_ Policy # \_\_\_\_\_ Term \_\_\_\_\_

Overlying Settlement Method: Per Occ \_\_\_\_\_ Per Building \_\_\_\_\_ Per Location \_\_\_\_\_  
CHECK HERE TO CHANGE PER BUILDING OR PER LOCATION TO PER OCCURENCE ON BUY BACK \_\_\_\_\_

Wind/Hail Losses past 5 years:

If additional space is necessary please attach a loss narrative or loss runs

No Losses \_\_\_\_\_ OR Date of Loss \_\_\_\_\_ Amount of Loss \_\_\_\_\_ Loc \_\_\_\_\_

Date of Loss \_\_\_\_\_ Amount of Loss \_\_\_\_\_ Loc \_\_\_\_\_

Date of Loss \_\_\_\_\_ Amount of Loss \_\_\_\_\_ Loc \_\_\_\_\_

Have all losses been repaired or replaced? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_ Check here to indicate multiple buildings to be quoted/SOV to be provided \_\_\_\_\_ # of Buildings

-----Please complete the below section when quoting a single building; for multiple buildings provide an Opal WHDBB Excel SOV-----

Address of Property \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

County \_\_\_\_\_

\*Type of Occupancy \_\_\_\_\_

\*Original Age of Roof \_\_\_\_\_ Complete Roof Replacement Date \_\_\_\_\_

\*Const. of Building: Frame \_\_\_\_\_ BV \_\_\_\_\_ JM \_\_\_\_\_ MNC \_\_\_\_\_ NC \_\_\_\_\_ Fire Resistive \_\_\_\_\_

\*Year Built: \_\_\_\_\_ Roof Type: Asphalt Shingle \_\_\_\_\_ Metal \_\_\_\_\_ Tile \_\_\_\_\_ Slate \_\_\_\_\_

Ply Membrane \_\_\_\_\_ Other (Specify) \_\_\_\_\_

TIV/BPP This Location \_\_\_\_\_

-----Please complete this section for all submissions-----

VALUES:

TIV All Buildings \_\_\_\_\_

TIV All BPP \_\_\_\_\_

TIV All Bus Income \_\_\_\_\_

Signs \_\_\_\_\_

Other \_\_\_\_\_

TOTAL VALUES \_\_\_\_\_

Agency/Branch Location \_\_\_\_\_ Agency Contact \_\_\_\_\_

Agency Contact Phone \_\_\_\_\_ Email: \_\_\_\_\_

To obtain an indication, please submit the completed form and any pertinent risk or underwriting information to:  
[submissions@GEUInsurance.com](mailto:submissions@GEUInsurance.com).

Program Contacts -

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