

Kimbrell Insurance Group

Phone: (800)849-3271 • Fax: (800)354-3573 • Email: Personal@kimbrellcompany.com

PERSONAL LINES EXCESS WIND APPLICATION

Effective Date: _____

INSURED INFORMATION:

Insured Name(s): _____

Mailing Address: _____ Risk Address (if different): _____

Insured Phone: _____ Risk County: _____

AGENCY INFORMATION:

Name: _____

Address: _____

Phone: _____ Fax: _____

Contact: _____ Email: _____

UNDERWRITING INFORMATION:

Construction: Frame Masonry Occupancy: Primary Secondary Rental

Dwelling Type: Single Family Condo Townhouse Heated Sq Ft: _____ No. Stories: _____

Yr Built: _____ *If 15+ years, year roof replaced:* _____ Storm Shutters: Yes, Type: _____ No

Distance to Ocean/Bay/Gulf: _____ ft _____ miles Flood Zone: _____

Loss History (date/type/amount): _____

Prior Carrier: _____ Premium: _____

COVERAGE LIMITS:

Dwelling

Estimated Replacement Cost: _____

Excess Coverage Requested: _____

Contents

Estimated Replacement Cost: _____

Excess Coverage Requested: _____

UNDERLYING POLICY INFORMATION:

Primary Wind Carrier: _____

Policy Number: _____

Dwelling Limit: _____

Contents Limit: _____

Loss of Use: _____

Comments/ Additional Remarks: _____

PLEASE READ CAREFULLY: I verify the above information provided is accurate to the best of my knowledge and recognize that misrepresentation could result in rejection or cancellation of coverage.

Agent Signature: _____ Date: _____

Insured Signature: _____ Date: _____

ALSO AVAILABLE: Comprehensive homeowners quotes with wind. Homeowners Quick Quote application available at www.kimbrellcompany.com. Call (800)849-3271 for questions.