

**INSTRUCTIONS FOR COMPLETING APPLICATION
FOR COMMERCIAL WIND HAIL INSURANCE
(Numbers correspond to the items on page 1 & 2)**

Agent name, license number and signature are required. Insured signature is required.

- 7. Type of Occupancy:** Describe the type of occupancy. Examples: Church, Barber Shop, Motel/Hotel (include # of units), Condo or Apartments (Include # of units. Note: 1-4 Families are considered Dwelling, not Commercial).
- 8. Amount of Insurance Requested:** Building and Contents coverage combined cannot exceed \$2 million. Maximum coverage for any complex or related set of buildings cannot exceed an aggregate of \$20 million and \$2 million per building.
- 9. Construction:** Select the box that corresponds to the type of construction.
- 16. Replacement Cost:** Replacement Cost coverage is optional. It is an additional 20% of the EC premium for Building and an additional 20% of the EC premium for Contents.
- 17. Business Income Amount:** Business Income coverage is optional and is available for an additional premium. Enter the requested amount of coverage and monthly limitation.
- 18. Primary Coverage:** Primary coverage applies when GUA insures the first layer of coverage up to our limit and another company writes wind hail excess of the GUA limit or when GUA insures a buy-down deductible. When Primary coverage applies, complete #8 with the requested amount you need GUA to write and #18 with the total amount of coverage on Building & Contents. Also provide the Excess Company Name. You must provide a copy of the excess coverage policy once obtained. The Coinsurance is waived and the Other Insurance clause is waived.
Examples of Primary coverage:
 - On a \$5 million Building, GUA writes the first \$2 million of coverage (our limit). The Insured has excess coverage through another Company for the remaining \$3 million.
 - On a \$5 million Building with a 5% deductible (\$250,000), GUA insures the deductible. GUA writes \$250,000 of coverage. The Insured has coverage through another Company for the remaining coverage.
- 19. Mortgagee:** For each Mortgagee, provide the Name, Mailing Address and Loan Number.
- 20. The building must be built in accordance with the International Building Code.**
- 23. Loss History:** If there are no claims, enter "NONE". Provide details for all claims including cause and origin, amounts paid, dates and repairs made. Attach a separate page if needed.

Hurricane Underwriting Restrictions: No request for increased coverage or new application shall be accepted at any time or period of time during which there exists any portion of a hurricane designated by the U.S. National Weather Service, National Hurricane Center or any successor thereto within the boundaries of 70 degrees west longitude and 20 degrees north latitude until the expiration of 24 hours after such hurricane warning has been lifted.

Coverage begins at 12:01 a.m. the day after payment is received by this Association.

We do not accept personal checks. Payment must be made by a licensed agent or licensed lending institution or by money order, cashiers check or certified check.

APPLICATION FOR COMMERCIAL WIND HAIL INSURANCE

This Application is Not a Binder of Insurance.

GEORGIA UNDERWRITING ASSOCIATION

415 Horizon Drive, Suite 200, Suwanee, GA 30024-3186
770-923-7431 Fax 770-717-8620 www.GeorgiaUnderwriting.com

Name of Agency
Address
City State Zip
Fax Phone
Email

I hereby certify that I am a licensed Agent of Georgia.

License No. Expiring

In the event a policy is issued and then canceled or insurance thereunder terminated, or a change is made resulting in a return premium due, I agree upon request to return my proportionate share of the commission on such return premium.

Producer of Record Signature

1. Applicant's Name: Phone:

2. Applicant's Mail Address:

City: State: Zip:

3. Location of Property: County

City: State: GA Zip: City Limits: Inside Outside

Each structure requires a separate Application and photos.

4. Number of Stories 5. Year Built 6. Square Footage

7. Type of Occupancy:

8. Amount of Insurance Requested
Building Amount:
Contents Amount:

9. Construction: Frame
Joisted Masonry
Non-Combustible
Masonry Non-Combustible
Modified Fire Resistive
Fire Resistive
Mobile Home

10. Coinsurance: 0% 80% 90% 100%

11. Deductible (Applies separately to Bldg & Contents)

Select one: 1% 2% 5%

12. Is this a Builder's Risk? Yes No

13. Estimated Completion Date:

14. Is this for a Rehab property? Yes No

15. Vacant? Yes No

16. Optional: Replacement Cost Coverage: Building Contents

17. Optional: Business Income Amt:

Monthly Limitation: 1/3 1/4 1/6

18. GUA offers to be the Primary carrier when coverage needed is in excess of our \$2,000,000 limit per building. Refer to the explanation of Primary coverage on the Instructions page and provide the following:

Total Value of: Building Contents Excess Company Name

19. Mortgagee Name & Address: _____

Loan # _____ (Attach a separate page to list additional Mortgagees)

20. If building was built within the past 10 years, include a copy of the Certificate of Occupancy or letter from a local building inspector, contractor, architect or engineer that states the structure is built in accordance with the International Building Code, including the wind-design requirement therein.

21. Requested date of coverage: _____

22. If prior or present coverage with GUA, what is the policy number? _____

23. List all losses (property, liability or theft) or enter NONE. Attach a separate page if necessary.

<u>Cause & Origin</u>	<u>Date</u>	<u>Total Claim Amount</u>	<u>Company Payment</u>	<u>Location</u>	<u>Repairs</u>

24. List two companies who have denied coverage and give reason:

Applicant: Before signing below see “Certification of Applicant for Insurance”, “Fair Credit Reporting Act” and “Notification of Information Practices” on page 3.

Certification Acceptance Signature of Applicant _____ Date _____

TO RECEIVE A TENTATIVE QUOTE: Fax this Application to GUA.

FOR POLICY ISSUANCE: Remit Quote and completed Application, including signature of Agent and Applicant. Remit Appraisal if coverage exceeds \$299,000. Attach photos and agency check. No personal checks accepted.

Check # _____ Check Amount \$ _____

ATTACH A REPRESENTATIVE COLOR PHOTOGRAPH OF THE RISK – FRONT & BACK VIEW

CERTIFICATION OF APPLICANT FOR INSURANCE

This request is made with the understanding that an inspection may be made of this property. I (we) understand that this request in no way binds any company to afford insurance on the described property. Inspection(s) made under this program and any report of the inspection(s) is for fire and extended coverage insurance underwriting purposes. Regardless of whether a policy is issued, neither the insurer, the Georgia Underwriting Association, the Insurance Services Office, nor any company represented thereby, will be liable for any injury or damage claimed to arise from the inspection(s), the inspection report(s) of the physical condition of the premises, omissions from such inspection(s) or report(s), or from compliance or non-compliance by the property owner or others with the recommendations, if any, contained in said inspection report(s). Nothing contained in or omitted from said inspection report(s) shall be construed to infer or imply that the hazardous physical conditions, if any, so noted or omitted, constitute all such conditions existing on the property at the time of said inspection(s). Permission is granted to submit copies of any inspection of action report(s) to the Georgia Insurance Department, the Georgia Underwriting Association, Insurance Services Office, insurers and my (our) agent(s) or representative(s).

I (we) understand that if coverage is accepted by the Georgia Underwriting Association, the policy will become effective at 12:01 A.M. the day after the Georgia Underwriting Association has received payment of the full premium. I (we) further understand that any Agent or Broker that has assisted me (us) in procuring this insurance is not an Agent of the Georgia Underwriting Association, and all actions taken by such Agent or Broker, including the submitting of this application, collecting of premiums, and delivering of policies, are taken solely on my (our) behalf.

By signing this application I (we) certify that I (we) have an insurable interest in the property and that all statements contained herein are, to the best of my (our) knowledge, true.

FAIR CREDIT REPORTING ACT

In accordance with the Federal Fair Credit Reporting Act (Public Law 91-508), this notice is to inform you that as part of our procedure for processing your Application for Insurance, an investigative report may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living whichever may be applicable. Further information on the nature and scope of such inquiry, if one is made, is available to you upon written request.

NOTICE OF INFORMATION PRACTICES

In applying for insurance with the Georgia Underwriting Association you entrusted us with personal information about yourself. We may seek further information about you, and any person requesting insurance on the application, from other sources.

You have the right to know what kind of information we maintain on our files about you and may have access to that information. You have the right to receive a copy of all personal information we keep on you and if necessary the right to request the correction, amendment or deletion of incorrect information. No information will be disclosed about you without your consent unless the disclosure is necessary for us to conduct our business. Upon receipt of your request, we will furnish you with a more detailed notice of our information practices.

Georgia Underwriting Association
Checklist for Submitting Applications

- The following is being submitted:**
 - Completed application signed by agent and insured**
 - Mobile Home Tie Down form (if requesting Mobile Home Coverage)**
 - Color photos of front and back of property (black and white photos are not acceptable)**
 - Appraisal (only needed if coverage is \$300,000 or more)**
 - A copy of the quote**
 - A copy of the Agent Premium Worksheet**
 - Payment is being submitted (as calculated on quote and premium worksheet)**
 - If there are no claims, I have entered "NONE" on #23 on the application. I have provided details for all claims, including cause and origin and a description of repairs made. I understand that GUA may ask for more details on all large or unusual claims.**
- I understand that personal checks are not accepted. Agent check should be NET (gross premium less commission).**
- I am keeping a copy of everything that I am submitting for my own file.**
- I understand and have explained to my insured that no coverage is effective until GUA receives all completed and signed documents with proper payment. If my agency issues a binder or certificate of insurance, I understand that I am doing so through my agency, not through Georgia Underwriting Association. No agent has binding authority through this Association.**