

KW SPECIALTY XWIND ONLINE QUOTING PROCESS

BINDING CAN NOT BE PROCESSED IF ANYTHING IS MISSING.

Please review your online quote of every detail before submitting. **YOU WILL NO LONGER NEED TO SEND US A SIGNED APPLICATION!!!!** Your quote is your submission that all data entered has been verified to be true and correct.

We are providing you with Tips and Tricks for the KW system. Due to data upload information in the KW system, items may auto change and will need to be amended manually a couple times in order to save the correct information. Certain exclusions or limitations may need to be added due to the type of risk. In the event these items have not been addressed in your quote, please be advised the premium may change before binding as we will be reviewing these exclusions and limitations during underwriting.

- Windstorm Rejection Form (ATTACHED)**
 - This form is required on all policies. ***Please note the insured must hand write the statement per form instructions and all insureds on the policy must sign and date the Windstorm rejection form.*
 - If there is a mortgagee on the risk, a letter from mortgagee acknowledging they approve of the X-wind policy is also required. Alternatively, you may provide a copy of a current wind coverage dec page in place of the letter from the mortgagee.
 - HO-6 policies – We will accept the Master’s wind declaration from the association
- Restrictions of Benefits Form (ATTACHED)**
- Surplus Lines Disclosure (ATTACHED)** *Include name of excess carrier- KW Specialty, Type of Coverage- Home or HO3 is fine, Effective date must match policy.*
- Completed Diligent Effort (ATTACHED)** *Contact dates must be within 60 days of effective date.*
- Replacement Cost Estimator** to support the value of coverage you selected. *(Only applicable to HO3)*
- Proof of Monitored Burglary/Fire Alarms-** if applicable.
- Insured signed statement of all repaired damage from all losses listed on Clue Report** – if applicable.
- If payment plan option is desired it MUST BE REQUESTED AT TIME OF BINDING**
Pay Plan Options: \$3.00 Billing Fee Applies if AUTO DRAFT, otherwise \$10.00 Invoice Fee Applies
 - One Pay Plan: All premium, taxes, and fees are due in the initial payment. All endorsements that result in additional premium will be invoiced plus applicable invoice fee.
 - Two Pay Plan: The first installment will include 50% of the policy premium plus all taxes and fees. The second installment will be billed in month 4 of the policy term plus applicable invoice fee.
 - Four Pay Plan: The first installment will include 25% of the policy premium plus all taxes and fees. Installments will be billed in month 2nd, 4th, and 7th month and will include applicable invoice fee.
 - Monthly Pay Plan: The first installment will be 16.67% (2/12th) of total premium plus all taxes and fees. Ten remaining payments will be 1/12th of total premium plus applicable invoice fee.

PLEASE SEND REQUEST TO BIND TO: LOberry@ibgreen.com or TYoung@ibgreen.com
(Include all completed and signed documents/information on the above checklist.)

REJECTION OF WINDSTORM COVERAGE

Named Insured (As it appears on the Application or Policy)

Policy Number: _____

Property Address: _____

Florida law requires us to offer you the option to exclude coverage for any losses due to windstorm to your mobile home and personal possessions. In order to do so you must provide us with the following statement in your own handwriting. This form must be signed and dated by you and every other named insured on the policy. If your property is subject to a mortgage or a lien you must provide a written statement from the mortgage or lien holders that they approve of you electing to exclude windstorm coverage from your property insurance policy.

If you elect to reject this coverage, please write exactly the statement below in the space provided, then sign, date and return this form. All named insureds and additional named insureds must sign below.

"I do not want the insurance on my home / mobile home to pay for damage from windstorms. I will pay those costs. My insurance will not."

I/We do not have a mortgage or lien on this insured property.

A signed statement from my mortgage or lien holder is attached. Alternatively, you may provide a copy of a current wind coverage declaration page.

This exclusion applies for the entire term of your policy and for each subsequent renewal unless you elect otherwise and pay the appropriate premium. You may remove this Exclusion only on the anniversary date of your policy, effective upon the renewal of your policy.

We the undersigned understand no losses due to any Windstorm event will be paid for by the insurance contract referenced above. All named insureds and additional named insureds must sign below.

Signature of First Named Insured

Date

Signature of Insured

Date

Signature of Insured

Date

Signature of Insured

Date

Signature of Insured

Date

Signature of Insured

Date

Signature of Insured

Date

RESTRICTION OF ASSIGNMENT OF BENEFITS ACKNOWLEDGEMENT

YOU ARE ELECTING TO PURCHASE AN INSURANCE POLICY THAT RESTRICTS THE ASSIGNMENT OF BENEFITS UNDER THE POLICY IN WHOLE OR IN PART. PLEASE READ CAREFULLY.

I acknowledge that I am purchasing an insurance policy that restricts the assignment of benefits under the policy in return for a lower premium. This policy does not recognize or allow any assignment or transfer of post-loss property insurance benefits to a third party or to otherwise freely enter into an assignment agreement by which post-loss property insurance benefits are assigned, transferred or acquired in any manner to or from a person providing services to protect, repair, restore or replace property or to mitigate against further damage to property.

Insured Signature: _____

Date: _____

Surplus Lines Disclosure and Acknowledgement

At my direction, _____ name of insurance agency has placed my coverage in the surplus lines market.

As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Named Insured

By:

Signature of Named Insured

Date

Printed Name and Title of Person Signing

KW SPECIALTY

Name of Excess and Surplus Lines Carrier

HOMEOWNER

Type of Insurance

Effective Date of Coverage

STATEMENT OF DILIGENT EFFORT

I, _____ License #: _____
Name of Retail/Producing Agent

Name of Agency: _____

Have sought to obtain:

Specific Type of Coverage _____ for

Named Insured _____ from the following
authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: _____

Person Contacted *(or indicate if obtained online declination)*: _____

Telephone Number/Email: _____ Date of Contact: _____

The reason(s) for declination by the insurer was (were) as follows *(Attach electronic declinations if applicable)*:

(2) Authorized Insurer: _____

Person Contacted *(or indicate if obtained online declination)*: _____

Telephone Number/Email: _____ Date of Contact: _____

The reason(s) for declination by the insurer was (were) as follows *(Attach electronic declinations if applicable)*:

(3) Authorized Insurer: _____

Person Contacted *(or indicate if obtained online declination)*: _____

Telephone Number/Email: _____ Date of Contact: _____

The reason(s) for declination by the insurer was (were) as follows *(Attach electronic declinations if applicable)*:

Signature of Retail/Producing Agent

Date

"Diligent effort" means seeking coverage from and having been rejected by at least three authorized insurers currently writing this type of coverage and documenting these rejections.

Surplus lines agents must verify that a diligent effort has been made by requiring a properly documented statement of diligent effort from the retail or producing agent. However, to be in compliance with the diligent effort requirement, the surplus lines agent's reliance must be reasonable under the particular circumstances surrounding the export of that particular risk. Reasonableness shall be assessed by taking into account factors which include, but are not limited to, a regularly conducted program of verification of the information provided by the retail or producing agent. Declinations must be documented on a risk-by-risk basis.

Rev. 8/15/2017 | Florida Surplus Lines Service Office