Florida Windstorm Underwriting Association

MARKET AVAILABILITY DOCUMENT

Applicant or Insureds Name: _____

Policy Number (unless pending): _____

Policy Period, or
Effective Date of Endorsement: _____

This is to certify to the best of my knowledge, the coverage amounts requested above Florida Windstorm Underwriting Association standard limits are unavailable in the authorized market.

_____/_____
Signature **Date**

Licensed Florida Resident
Producer of Record

Agency Name _____
Address _____
_____
_____

Phone No. _____
Fax No. _____