

# **EARTHQUAKE COVERAGE REQUEST FORM**

Please read carefully and complete *all* sections

## **SECTION I – APPLICANT**

Account Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Suite/ Building #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## **SECTION II- BUILDING INFORMATION (if different from above)**

Location #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Suite/ Building #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### **Construction Class: (Check one)**

|  |  |
|--|--|
| <input type="checkbox"/> Wood Frame                            | <input type="checkbox"/> Non-Combustible         |
| <input type="checkbox"/> Brick Veneer                          | <input type="checkbox"/> Masonry Non-Combustible |
| <input type="checkbox"/> Joisted Masonry-Tilt Up               | <input type="checkbox"/> Modified Fire Resistive |
| <input type="checkbox"/> Joisted Masonry-Reinforced Masonry    | <input type="checkbox"/> Fire Resistive          |
| <input type="checkbox"/> Joisted Masonry-Un-reinforced Masonry | <input type="checkbox"/> Modular                 |

Year Built: \_\_\_\_\_

Number of Stories: \_\_\_\_\_

Square Footage: \_\_\_\_\_

### **Parking Class: (Check one)**

|   |   |
|---|---|
| <input type="checkbox"/> None                           | <input type="checkbox"/> Tuckunder-2-Sides    |
| <input type="checkbox"/> Detached                       | <input type="checkbox"/> Full Subterranean    |
| <input type="checkbox"/> Attached-No structure above    | <input type="checkbox"/> Partial Subterranean |
| <input type="checkbox"/> Habitational Over Garage (HOG) | <input type="checkbox"/> First Floor Parking  |
| <input type="checkbox"/> Tuckunder-1-Side               | <input type="checkbox"/> Soft First Floor     |

### **Occupancy: (Check one)**

|  |  |                                    |
|--|--|------------------------------------|
| <input type="checkbox"/> Agri-Business     | <input type="checkbox"/> School          | <input type="checkbox"/> Service   |
| <input type="checkbox"/> Restaurant        | <input type="checkbox"/> Hotel / Motel   | <input type="checkbox"/> Warehouse |
| <input type="checkbox"/> Apartment         | <input type="checkbox"/> Manufacturing   | <input type="checkbox"/> Wholesale |
| <input type="checkbox"/> Retail            | <input type="checkbox"/> Office          |                                    |
| <input type="checkbox"/> Condo Association | <input type="checkbox"/> Public Building |                                    |

**Explain Occupancy Class in Detail (required):** \_\_\_\_\_

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**Building Shape:** \_\_\_\_\_ **Regular** \_\_\_\_\_ **Irregular** \_\_\_\_\_ **Unknown**

**Setbacks or Overhangs?:** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Unknown**

**Insured's Interest:** \_\_\_\_\_ **Lessor** \_\_\_\_\_ **Tenant** \_\_\_\_\_ **Owner Occupant**

**Requested Coverage:**

**Building** \$ \_\_\_\_\_ (100% Replacement Cost Required)

**BPP/TIB** \$ \_\_\_\_\_ (100% Replacement Cost Required)

**Inspection Contact:** \_\_\_\_\_

**Inspection Telephone:** (\_\_\_\_\_) \_\_\_\_\_

**Requested Effective Date:** \_\_\_\_\_

**Deductible Option:** 2% / 5% / 7.5% / 10% / 15% / 20% (circle one)

**Mold Clean-Up and Removal Coverage:**

\$10,000 (Building Only) \_\_\_\_\_

**Earthquake Sprinkler Leakage:** Y / N (circle one)

**Ordinance or Law:** None / 10% Sublimit / 20% Sublimit (circle one)

**Flood Coverage:** Y / N (circle one)

**Business Income / Extra Expense (provided on a *per location* basis):**

**BI/EE** \$ \_\_\_\_\_ (for location)

**Additional Property Coverage (provided on a *per location* basis):**

**APC** \$ \_\_\_\_\_ (for location)

**Please select which APC's are application for this location:**

**Pools** \_\_\_\_\_ **Fences** \_\_\_\_\_ **Paved Surfaces** \_\_\_\_\_

**Signs** \_\_\_\_\_ **Underground Utilities** \_\_\_\_\_

