

# 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** \_\_\_\_\_

