

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): _____

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 \$ _____ (100% Replacement Cost Required)

Tenant Improvements And Betterments \$ _____

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) _____