

Earthquake Insurance Application

Effective Date

Expiration Date

Applicant Information

Applicant

Telephone Numbers

Last Name	First Name	Middle Initial	Home	Work
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Co-Applicant (if applicable)

Telephone Numbers

Last Name	First Name	Middle Initial	Home	Work
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Street Address of Physical Location of Insured Property

Mailing Address (if different)

Number & Street Address	Unit	Number & Street Address	Unit
City	State ZIP Code County	City	State ZIP Code Country

Companion Policy Information

Participating Insurer	Companion Policy Number	Dwelling - Coverage A Limit	Expiration Date (must be same as CEA policy)
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Type of Policy

<input type="checkbox"/> Homeowner	<input type="checkbox"/> Mobilehome/Manufactured Home	<input type="checkbox"/> Condominium	<input type="checkbox"/> Renters
<input type="checkbox"/> Dwelling Fire	<input type="checkbox"/> Other (explain in remarks)		

Homeowner / Dwelling Fire

Rating Territory

Year Built

Number of Stories

Construction Type Frame Other

Number of Chimneys

Square Footage

Foundation Type Raised Slab Other

Roof Type Composition Tile
 Wood Shake Other

Property Inspected? Yes No
Date

Is there unrepaired prior earthquake damage to the dwelling? Yes No
If yes, DO NOT BIND and explain in Remarks

Dwelling secured to foundation? Yes No
Cripple walls braced with plywood or equivalent? Yes No

Water heater secured to building frame? Yes No

Dwelling - Coverage A

Dwelling Limit \$

Same as Companion Policy

Deductible 15% 10%

Personal Property - Coverage C

\$5,000 \$25,000 \$50,000
 \$75,000 \$100,000

No deductible for this coverage if Coverage A deductible is met. No coverage if Coverage A deductible is not met

Loss of Use - Coverage D

\$1,500 \$10,000 \$15,000
No deductible for this coverage

Additional Limited Building Code Upgrade

-optional-

Increase Limited Building Code Upgrade coverage from \$10,000 to a total limit of \$20,000

No deductible for this coverage if Coverage A deductible is met. No coverage if Coverage A deductible is not met

Condominium

Rating Territory

Number of Stories in building

Choose any combination of one or more of the following options

Option One

Building Property - Coverage A

Real Property - \$25,000

There is a \$3,750 deductible for this coverage

Option Two

Personal Property - Coverage C

\$5,000 \$25,000 \$50,000
 \$75,000 \$100,000

There is a \$750 deductible for this coverage
"AND"

Loss of Use - Coverage D

\$1,500 \$10,000 \$15,000
No deductible for this coverage

Option Three

Loss Assessment - Coverage E

\$25,000

\$3,750 deductible Only available if value of property is \$135,000 or less

\$50,000

\$7,500 deductible

\$75,000

\$11,250 deductible

Does the homeowner association's master policy include earthquake coverage? Yes No

If yes, provide copy of Master policy's Declarations page

Renters

Rating Territory

Personal Property - Coverage C

- \$5,000 \$25,000 \$50,000
 \$75,000 \$100,000

There is a \$750 deductible for this coverage

Loss of Use - Coverage D

- \$1,500 \$10,000 \$15,000

No deductible for this coverage

Remarks

Mobilehome / Manufactured Home

Rating Territory

Construction Type Mobile or Manufactured

Property Inspected? Yes No

Date

Is there unrepaired prior earthquake damage to the dwelling? Yes No

If yes, DO NOT BIND and explain in Remarks

Is the home reinforced by an earthquake resistant bracing system certified by the California Department of Housing and Community Development? Yes No

If yes, attach a copy of the certification

Dwelling - Coverage A

Dwelling Limit \$

Same as Companion Policy

Deductible 15% 10%

Personal Property - Coverage C

- \$5,000 \$25,000 \$50,000
 \$75,000 \$100,000

No deductible for this coverage if Coverage A deductible is met. No coverage if Coverage A deductible is not met

Loss of Use - Coverage D

- \$1,500 \$10,000 \$15,000

No deductible for this coverage

Premium Calculation **Payment Options**

Base Premium Increased Limits Premium 5% Hazard Reduction Discount Total Premium

_____ + _____ - _____ = _____

- Annual
 Installments

Homeowner and Mobilehome only
 - if qualifications are met

Additional Interests **Send Bill To**

- Mortgagee
 Additional Insured
 Loss Payee

Name and Address

Loan Number

- Insured
 Mortgagee

City State ZIP Code

- 2nd Mortgagee
 Additional Insured
 Loss Payee

Name and Address

Loan Number

- Insured
 Mortgagee

City State ZIP Code

I am applying for the insurance indicated, and the information on this application is correct

X **DOUGLAS COHEN** License#: 0832593
7020 E HORIZON DR ORANGE, CA 92867

Applicant Signature

Producer Name and Address

Application Date and Time