



Earthquake Coverage Request Form
Please read carefully and complete all sections

I. APPLICANT

Account Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Insured Email Address: _____

II. BUILDING INFORMATION (if different from above) Same as above

Location # & Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____

Construction Class (please 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 – Unreinforced Masonry | <input type="checkbox"/> Modular |

Year Built: _____ Number of Stories: _____ Square Footage: _____

Parking Class (please 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 (please 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: | <input type="checkbox"/> Regular | <input type="checkbox"/> Irregular | <input type="checkbox"/> Unknown |
| Setbacks or Overhangs: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Insured's Interest: | <input type="checkbox"/> Lessor | <input type="checkbox"/> Tenant | <input type="checkbox"/> Owner Occupant |

III. REQUESTED COVERAGE

Building: \$ _____ (100% Replacement Cost Required)
BPP: \$ _____ (100% Replacement Cost Required)
Tenant Improvements and Betterments \$ _____

Inspected Contact: _____
Inspection Telephone: _____

Requested Effective Date: _____
Deductible Option: 2% 5% 7.5% 10% 15% 20%

Mold Clean-Up and Removal Coverage:
\$10,000 (Building Only): _____

Earthquake Sprinkler Leakage: Yes No
Ordinance or Law: None 10% Sublimit 20% Sublimit
Flood Coverage: Yes No

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 APCs are applicable for this location:
 Pools Fences Paved Surfaces

Applicant Signature: _____

Date: _____