



Earthquake Application (Fillable Form)

Agency Information

Agency Name: _____ Code: _____ Phone: _____

Agency Contact Name: _____ Email: _____

Applicant Information

Name: _____

Date of Birth: _____

Occupation: _____

Notes: _____

Effective Date: _____

Expiration Date: _____

Location address: (include city, state and zip & County)

Mailing Address: (include city, state and zip and county)

A) Dwelling:	Year Built:	# of Families:
B) Other Structures:	Square Footage:	Number of Stories:
C) Contents:	County:	
D) Loss of Use:		
F) Loss Assessment:	Occupancy: <input type="checkbox"/> Primary/Secondary(owner) <input type="checkbox"/> Rental <input type="checkbox"/> Vacant	
Deductible: <input type="checkbox"/> 2% <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 20%		
Construction Type: <input type="checkbox"/> Frame <input type="checkbox"/> Brick Veneer <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Masonry/Fire Resistive		

Mortgagee (If applicable):

Homeowners Carrier: _____

Homeowners Carrier Policy #: _____

Homeowners Dwelling Limit: _____

Loss History: Any prior EQ losses: ☐ Yes ☐ No

Signature needed to binding:

Insured's Signature: _____

Date: _____

Other Underwriting Info – Earthquake

The property is on a concrete slab, basement, or solid perimeter foundation?	Yes No
The property has four or fewer families?	Yes No
The property is not on a historical register?	Yes No
The property is not a portable, modular, or mobile home?	Yes No
The property has no unrepaired earthquake damage?	Yes No
The property is used for residential purposes?	Yes No
The property is not wholly or partially constructed over water?	Yes No
The property is not undergoing extensive remodeling, renovation or construction affecting habitability?	Yes No
The applicant has not had any insurance policy cancelled or non-renewed for a material misrepresentation or fraud in the past three (3) years?	Yes No

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading. Information concerning any fact material thereto commits a fraudulent Insurance act, which is a crime and subjects such person to criminal and civil penalties.

Disclaimer

The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.

Signature

National Producer Number (Required in Florida)

Producer's Signature

Applicant's Signature

Producer's Name (*please print*)

Date

State Producer License Number