

FARMERS AGENTS SPECIAL EARTHQUAKE PROGRAM

FOR PROPERTIES IN

- **WASHINGTON**
- **OREGON**

Underwriting Guidelines:

Building Age:

- **Masonry: 1975 and newer**
- **Frame: 1965 and newer**
- **Structural requirements: Walls must be anchored to foundation and roof secured to walls**

Not Allowed:

- **Vacant buildings**
- **Highly susceptible or damageable contents such as glass, art galleries, antique, etc.**
- **HOA's, Condominiums, or Townhouses with 4 units or less**
- **Single family dwellings**
- **Buildings on stilts and Post and Piers**
- **Business Interruption Coverage only**
- **Un-reinforced masonry**
- **If modeling results show Soft Soil, High Landslide or High Liquefaction exposure**
- **Structures with prior damage**

TIV: Maximum per policy is \$30,000,000 with a

- **MAXIMUM stop loss of \$10,000,000 Per Occurrence and Annual Aggregate.**
 - **(The most we will pay is \$10,000,000)**

The minimum premium is \$2,500 plus taxes and fees.

SUBMIT: Only submit app pages 1 – 6.
The other pages are for information only.

NOTE:

These are the guidelines for writing in the Special Farmers Agents program available for properties in Washington and Oregon.

All risks that do not meet these guidelines can still be submitted to us for rating outside of this program. The rates will still be very good.

The Insurance Store, Inc.
DIC (EARTHQUAKE) APPLICATION

APPLICATION RULES:

1. PLEASE READ CAREFULLY AND COMPLETE ALL SECTIONS
2. COMPLETE ONE APPLICATION PER LOCATION
3. COMPLETE SECTION 7 FOR MULTIPLE BUILDING LOCATION IF BUILDINGS ARE NOT ALL SIMILAR IN CONSTRUCTION AND DESIGN
4. ATTACH CLEAR AND COMPLETE DIAGRAM FOR MULTIPLE BUILDING LOCATIONS

SECTION 1. PRODUCING AGENT

Agent Number _____

Name: _____
Address: _____
City, State, Zip: _____
Business Phone: _____ Fax: _____ Email: _____

SECTION 2. APPLICANT INFORMATION

EFFECTIVE DATE: _____

Type of Entity: _____ Individual _____ Partnership _____ Corporation _____ S Corporation
_____ Jt.Venture _____ LLC _____ Other describe): _____

Account Name: _____
Mailing Address: _____
City, State, Zip: _____
Website Address: _____

Inspection Contact (Full Name, Title, Phone #): _____
Claims Contact (Full Name, Title, Phone #): _____

SECTION 3. PRIOR CARRIERS

Carrier	Dates	Limits	Premiums
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION 4. LOSS HISTORY

DOL	Description	Total Incurred	Open/Closed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(You can use a “no known loss” letter. A copy is attached)

SECTION 5. PROPERTY INFORMATION

Owner _____ Tenant _____

Location Name, if any: _____

Location Address: _____

City: _____ County: _____ State: _____ ZIP _____

Occupancy (Detailed description): _____

Year Built _____	Height: _____	No. of occupancy floors _____	Area _____
		No. of parking floors _____	Area _____
		No. of basement floors _____	Area _____
		No. of attic floors _____	Area _____
		Total stories _____	Total Area _____

No. of Buildings _____ Total Units _____ Units Per Building _____

Roof Design: Flat _____ Pitch _____ Domed _____ Other _____

Roof Cover (Code # for Section 7):

_____ (1) Comp Shingles	_____ (4) Built Up	_____ (7) Woodshake
_____ (2) Rolled Composition	_____ (5) Tar & Gravel	_____ (8) Other _____
_____ (3) Asphalt Shingles	_____ (6) Tile	

Building Shape: Square _____ Rectangular _____ Round _____ Irregular _____ Other _____

CONSTRUCTION CLASS (Code # for Section 7):

(SEE SECTION 8 FOR DETAILED DEFINITIONS)

COMMENTS:

_____ (1C) Wood Frame and Frame Stucco - Small	_____
_____ (1D) Wood Frame and Frame Stucco - Large	_____
_____ (2A) All Metal Buildings - Small	_____
_____ (2B) All Metal Buildings - Large	_____
_____ (3A) Steel Frame Buildings - Superior EQ Resistive	_____
_____ (3B) Steel Frame Buildings - Ordinary	_____
_____ (3C) Steel Frame Buildings - Other	_____
_____ (4A) Reinforced Concrete - Superior EQ Resistive	_____
_____ (4B) Reinforced Concrete - Ordinary	_____
_____ (4C) Reinforced Concrete - Precast	_____
_____ (4D) Reinforced Concrete - Other	_____
_____ (5A) Mixed Construction - Superior EQ Resistive	_____
_____ (5AA) Mixed Construction - Ordinary EQ Resistive	_____
_____ (5B) Mixed Construction - Ordinary Non-EQ Resistive	_____
_____ (5C) Mixed Construction - Hollow Masonry	_____
_____ (6) Earthquake Resistive	_____
_____ (7) Special Structures	_____

FOUNDATION:

_____ Concrete Poured Reinforced	_____ Masonry Reinforced	_____ Pilings
_____ Concrete Slab	_____ Masonry Unreinforced	_____ Piers
_____ Concrete Unreinforced	_____ Wood	_____ Rubble Stone
_____ Other (describe): _____		

PARKING EXPOSURE (Code # for Section 7):

- ___(0) None
- ___(1) Open Lot
- ___(2) Carports-Detached
- ___(3) Garages-Detached
- ___(4) Garages-Attached-No Structure Above
- ___(5) Habitation Over Garage (HOG)
- ___(6) Tuckunder – 1 side
- ___(7) Tuckunder – 2 sides
- ___(8) Partial Subterranean (Area_____)
- ___(9) Full Subterranean (No. of Levels_____)
- ___(10) First Floor Parking (3 walls with shear load)
- ___(11) Soft First Floor (absence of shear walls)
- ___(12) Above Ground Parking (Which Level_____)
- ___(13) Other describe:_____

SECONDARY FEATURES:

Are all buildings anchored to the foundation? Yes ___ No ___ (Mandatory for Frame/Metal)

Are all walls secured to the roof for earthquake? Yes ___ No ___ (Mandatory for Frame/Metal)

Has the building(s) been retrofitted for earthquake? Yes ___ No ___ Year _____

Describe retrofit work _____

Distance to adjacent buildings: Left _____ft. Right _____ft Rear _____ft

Exterior wall cladding: (non-structural window dressing on the exterior such as brick veneer or glass)

Glass (other than normal amount of windows/doors) Yes ___ No ___

Which walls? _____

What percentage of each wall? Front _____%

Left _____%

Back _____%

Right _____%

(Note: Art Glass, Stained Glass, Special Glass not covered)

Brick Veneered Yes ___ No ___

Which walls? _____

What percentage of each wall? Front _____%

Left _____%

Back _____%

Right _____%

Setbacks: Yes ___ No ___

Overhangs: Yes ___ No ___

Post & Pier: Yes ___ No ___

Unusual Materials (gold plated, expensive marble, etc.): _____

Unusual Design Features (atrium, tower, mezzanine, sky lights, fountain, suspended walkways, etc.): _____

TERRAIN: Flat ___ Hillside ___ Sloped ___ Terraced ___ Distance from Cliff _____

Nearest body of water (describe or name) _____ Distance _____

SECTION 6. REQUESTED COVERAGE

Building(s) (100% RC): \$ _____

Business Personal Property (100% RC): \$ _____

Tenant Improvements & Betterments (100% RC): \$ _____

Stock (Inventory): \$ _____

Property of Others (100% RC, Explain below): \$ _____

Business Income (100% Coinsurance, ALS): \$ _____

Rental Income (100% Coinsurance, ALS): \$ _____

Extra Expense (40/80/100 Basis): \$ _____

APC: Additional Property Coverage (\$1M Maximum Limit)

- Swimming Pools \$ _____
- Fences \$ _____
- Paved Surfaces \$ _____

Total Insurable Value (TIV): \$ _____

A. Property of Others explanation _____

B. Building Ordinance: ___Yes ___No

Note: Sublimit of 15% of Building(s) or \$2,000,000 for Coverages A, B and C, whichever is less, is available.

C. Deductible Option: 5% 10% 15%
 15% Minimum with Tuck Under and Soft First

NOTICE: This application shall become a part of this policy. Any person who knowingly and with intent to defraud an insurance company or other person, files an application for insurance containing false information or conceals, for the purpose of misleading, information concerning any fact material thereon, commits a fraudulent insurance act which is a crime.

	(Print)	(Signature)	
Applicant Name	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Date _____
Producer Name	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Date _____
Broker Name	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Date _____

