

The Insurance Store, Inc.
EARTHQUAKE COVERAGE QUOTE REQUEST FORM

Please read carefully and complete all sections

SECTION 1 - Producing Agent

Name: _____
Address: _____
City, State, ZIP _____
Agent Number: _____
Telephone: (Work) _____
(Fax) _____
(Email) _____

Begin with Page 3 (property value breakdown)

SECTION 2 – Applicant SECTION 2

Account Name: _____
Mailing Address: _____
Suite / Building #: _____
City: _____ State: _____ ZIP _____

SECTION 3 – Building Information (if different from above)

Location #: _____ County: _____
Street 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 – Unreinforced Masonry	<input type="checkbox"/> Modular

Year Built: _____ Number of Stories: _____
Total Square Feet: _____

Parking Class:

<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

Is the building bolted to the foundation? Y / N (wood frame and modular only)

Occupancy: (Check One)

Agri-Business

Restaurant

Apartment

Retail

Condominium Assoc.

Hotel / Motel

Manufacturing

Office

Public Building

School

Service

Warehouse

Wholesale

Explain the Occupancy in detail required):

REQUESTED COVERAGE: **Earthquake Only** **D.I.C. (Earthquake & Flood)**

Building: _____ **(100% replacement cost, same as Farmers policy)**

Business Property: _____ **(100% replacement cost, same as Farmers policy)**

T. I. & B. _____ **Tenant Improvements & Betterments (location)**

BI/EE: _____ **Business Income & Extra Expense (per location)**

APC: _____ **Additional Property Coverage (per location)**

Pools

Fences

Paved Surface

TIV \$ _____ **Total Insurable Values**

Mold Clean-up & Removal Coverage:

_____ **None**

_____ **\$10,000 (Building only)**

Ordinance or Law Coverage:

_____ **None**

_____ **10% of building value**

_____ **20% of building value**

Building Shape: _____ **Regular** _____ **Irregular** _____ **Unknown**

Setbacks or Overhangs: _____ **Yes** _____ **No** _____ **Unknown**

Earthquake Sprinkler Leakage: **Y / N**

Deductible Option:

2% **7 1/2%** **15%**

5% **10%** **20%**

Insured's Interest:

Tenant **Owner**

Effective Date: _____

Inspection Contact: _____ **Telephone:** _____

FAX to: 425.392.4511

Producer Information:

Agency Name: _____

Producer Name: _____

Address: _____

City, State, ZIP _____

Telephone: Office: _____

FAX: _____

Email: _____

Name of the Property submitted for a quote:

Please provide an aerial view diagram of the property showing;

- **The correct number of buildings**
- **The streets with name please.**

