

APPLICATION AND WORKSHEET

New Business Renewal

HOMEOWNERS: DIC Earthquake only OR Earthquake & Flood

Producers Agent Number & Name: _____

Applicant Information:

Applicant Name: _____

Address: _____

City: _____ State: ____ ZIP _____

Property Information:

Address: _____

City: _____ State: ____ ZIP _____

Effective Date: ___/___/___ Square Feet: _____ Year Built: _____ \$ per ft. _____

TOTAL INSURABLE VALUES:

LIMIT OF LIABILITY **\$3,000,000**
or **T.I.V.**, whichever is lower

Building Value (*do not include the land*) (House) \$ _____

Personal Property - **ACV** (Contents) \$ _____

Additional Living Expense or Loss of Rents \$ _____
(10% of the building amount with a \$50,000 maximum)

TOTAL INSURABLE VALUES (*at 100% Replacement Cost*) \$ _____

I agree with the values indicated on this application

Premium is 25% minimum earned at inception with policy fees and taxes fully earned.

X

Signature of Applicant

Earthquake Deductible:

2.5% 5% 10%

Earthquake Only of the **TOTAL INSURABLE VALUES**
(\$10,000 minimum per occurrence)

Earthquake & Flood Flood Deductible: \$10,000

Construction: Wood Steel/Concrete Masonry

Please Make Checks Payable to:

The Insurance Store

theinsurancestore.com

FAX: 425.392.4511

Premium: \$ _____
(Minimum premium \$300)

Broker Fee: \$ 200

Taxes & Fees: .0225% \$ _____

TOTAL DUE: \$ _____

Broker Fees & Commissions may both be collected. Policy is from a NON-ADMITTED carrier.

IS THIS RISK ELIGIBLE?

Customer Name: _____

Property Address: _____

Property City, State, ZIP: _____

This is a program exclusively for the use of **homeowners DIC earthquake & flood or earthquake only** for the **States of Washington & Oregon**. To qualify for the program, all of the following questions MUCH be answered "YES". If any of your responses are "NO", please discontinue the application and contact **The Insurance Store** at **425.313.9605** for assistance. Contact by FAX will usually produce a better result.

Also, please contact us with all risks valued over \$3,000,000. We can write these but we need prior approval.

- | | YES | NO |
|--|--------------------------|--------------------------|
| • Is the application for a residence? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Was the residence built after 1950? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the residence NOT located on a landfill or bay mud? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the residence NOT located in Flood Zones A or V? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are the total values less than \$3,000,000 | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the residence located in Washington or Oregon? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the residence construction NOT un-reinforced masonry? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the residence NOT located within 300 feet of a cliff? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the residence located on firm ground? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the slope of the land less than 35 degrees? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are the buildings insured to 100% of replacement cost? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the loss of use set at 100% of at least 12 months value? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you tell the customer that these are excluded? <ul style="list-style-type: none">○ Jewelry, precious stones, fine arts, antiques & glassware | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you include a breakdown of each building & it's value? | <input type="checkbox"/> | <input type="checkbox"/> |

X _____
Signature of Producing Agent

FAX to 425.392.4511

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Producer Information:

Name: _____

Address: _____

City, State, ZIP: _____

Telephone: Office: _____

FAX: _____

Email: _____

FAX to 425.392.4511 or email to eq@theinsurancestore.com