

# APPLICATION AND WORKSHEET

I  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:

Earthquake Only

Earthquake & Flood

Construction:  Wood

**2.5%**  **5%**  **10%**

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

Flood Deductible: \$10,000

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 and Oregon**. To qualify for this program, all of the following questions **MUST** be answered "**YES**". If any of your responses are "**NO**", please discontinue the application and contact **The Insurance Store at 888.313.9605** for assistance with a description of the risk you wish to write and why it would be an excellent risk. Contact by FAX will usually produce a better response.

Also, 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 risk built after 1950?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • This risk is <b>NOT</b> located on a landfill or bay mud?  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the residence <b>NOT</b> located in Flood Zones A or V?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • This risk is valued at less than \$3,000,000?  | <input type="checkbox"/> | <input type="checkbox"/> |
| • This risk is located in the Washington or Oregon?  | <input type="checkbox"/> | <input type="checkbox"/> |
| • This risk is <b>NOT</b> of un-reinforced masonry?  | <input type="checkbox"/> | <input type="checkbox"/> |
| • This risk is <b>NOT</b> located within 300 feet of a cliff?  | <input type="checkbox"/> | <input type="checkbox"/> |
| • This risk is located on firm ground with a slope of less than 35 degrees?                                | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are the buildings insured to 100% of replacement value?  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the loss of use value set at 100% of one year's value?  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you tell your customer that Jewelry, precious stones, fine arts / antiques / glassware are excluded? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you include a breakdown of each building, its' address & value?                                      | <input type="checkbox"/> | <input type="checkbox"/> |

**X** \_\_\_\_\_

Signature of producing Agent

**FAX to 425.392.4511**

**Producer Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Telephone: Office: \_\_\_\_\_

FAX: \_\_\_\_\_

Email: \_\_\_\_\_

**FAX to 425.392.4511**

**or**

**Email to [eg@theinsurancestore.com](mailto:eg@theinsurancestore.com)**