

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 5201

Name: **The Insurance Store, Inc.**
 Address: 10832 – 185th Ave SE
 City, State, ZIP Issaquah, WA 98027
 Business Phone 425.313.9605 FAX 425.392.4511 email eq@theinsurancestore.com

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 _____ Phone _____
 Claims Contact _____ Phone _____

SECTION 3. PRIOR CARRIERS

Carrier	Dates	Limits	Premiums
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SECTION 4. LOSS HISTORY

DOL	Description	Total Incurred	Open / Closed
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(You can use a “no known loss” letter. A copy is attached.)

SECTION 5. PROPERTY INFORMATION

Owner _____ Tenant _____

Location Name
 Location Address
 County
 City, State, Zip

Occupancy

Year Built	Height	No. of Occupancy Floors	Area	Sq Ft
		No. of Parking Floors	Area	Sq Ft
		No. of Basement Floors	Area	Sq Ft
		No. of Attic Floors	Area	Sq Ft
		TOTAL	TOTAL	

No. of buildings	Total Units	Max Units per Building		
Roof Design	Flat	Pitched	Domed	Other
Roof Cover	(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 & Frame Stucco - Small _____
- (1D) Wood Frame & Frame Stucco - Large _____
- (2A) All Metal Buildings - Small _____
- (2B) All Metal Buildings - Large _____
- (3A) Steel Frame Buildings - Superior EQ _____
- (3B) Steel Frame Buildings - Ordinary _____
- (3C) Steel Frame Buildings - Other _____
- (4A) Reinforced Concrete - Superior EQ _____
- (4B) Reinforced Concrete - Ordinary _____
- (4C) Reinforced Concrete - Precast _____
- (4D) Reinforced Concrete - Other _____
- (5A) Mixed Construction - Superior EQ _____
- (5AA) Mixed Construction - Ordinary _____
- (5B) Mixed Construction - Non EQ Resistive _____
- (5C) Mixed Construciton - 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 | (8) Partial Subterranean | Area: _____ |
| (1) Open Lot | (9) Full Subterranean | Levels _____ |
| (2) Carports - Detached | (10) First Floor Parking | |
| (3) Garages - Detached | (11) Soft First Floor Above Ground | |
| (4) Above | (12) Parking | Level _____ |
| (5) Habitation Over Garage (HOG) | (13) Other | _____ |
| (6) Tuck Under - 1 side | | |
| (7) Tuck Under - 2 sides | | |

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 been retrofitted for earthquake? | Yes | No | |

Describe the retrofit work

Distance to adjacent buildings: Left _____ ft. Right _____ ft. Rear _____ ft.

Exterior Wall Cladding:

Glass (other than normal amount of windows / doors)	Yes	No
Which Walls?		
What percentage of each wall?	Front	%
	Left	%
	Back	%
	Right	%
Brick Veneered	Yes	No
Which Walls?		
What percentage of each wall?	Front	%
	Left	%
	Back	%
	Right	%

Art Glass, Stained Glass, Special Glass; not covered

- | | | |
|--------------|-----|----|
| 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 ft.
 Nearest body of water: (Name or Describe) Distance

SECTION 6. REQUESTED COVERAGE

Building(s)	(100% RC)	\$
Business 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		
• Swimming Pools	\$	
• Fences	\$	\$
• Paved Surfaces	\$	
TOTAL INSURABLE VALUE (TIV)		\$ _____

Property of Other - Explanation: _____

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 type="text"/>	<input type="text"/>	Date _____
Producer Name	<input type="text"/>	<input type="text"/>	Date _____
Broker Name	<input type="text"/>	<input type="text"/>	Date _____

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.**