

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**

**Section 5 – Property Value Breakdown**

<b>Property Value Breakdown</b>					
Property Name: _____					
<b>Address</b>	<b>Building Value</b>	<b>Contents Value</b>	<b>Construction Type</b>	<b>Parking Type</b>	<b>Square Feet</b>

**B/EE:** One number for the entire property \_\_\_\_\_

**APC:** One number for the entire property \_\_\_\_\_

**Total Insurable Values** \_\_\_\_\_

**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:**

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**Please provide an aerial view diagram of the property showing;**

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

