

EARTHQUAKE COVERAGE REQUEST FORM

Please read carefully and complete *all* sections

SECTION I – APPLICANT

Account Name: _____

Mailing Address: _____

Suite/ Building #: _____

City: _____ State: _____ ZIP: _____

SECTION II- BUILDING INFORMATION (if different from above)

Location #: _____

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-Un-reinforced Masonry	<input type="checkbox"/> Modular

Year Built: _____

Number of Stories: _____

Square Footage: _____

Parking Class: (Check one)

<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

Occupancy: (Check one)

<input type="checkbox"/> Agri-Business	<input type="checkbox"/> School	<input type="checkbox"/> Service
<input type="checkbox"/> Restaurant	<input type="checkbox"/> Hotel / Motel	<input type="checkbox"/> Warehouse
<input type="checkbox"/> Apartment	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Wholesale
<input type="checkbox"/> Retail	<input type="checkbox"/> Office	
<input type="checkbox"/> Condo Association	<input type="checkbox"/> Public Building	