



Attention: Casey Scollin 415 512- 2105 or fax 415- 512- 1115

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### Application for Earthquake (DIC Coverage)

Name of Insured: \_\_\_\_\_

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

Email / Phone: \_\_\_\_\_

Occupancy: \_\_\_\_\_

Limit Requested: \_\_\_\_\_

Deductible (check one please):    5%    10%    15%    20%    of Total Insurable Values **NOT** Limit

Policy Term: \_\_\_\_\_

**Values-Per Building by Subject of Insurance. If you wish Contents and Rents covered, show values. Include address of each building with Zip Code please (Attach schedule if necessary).**

	Address	Zip Code	Values 100% Replacement Cost
1			
2			
3			
4			

Number of stories, square footage, construction and age of each building is required.

	# Stories	Sq. Ft.	Construction	Age
1				
2				
3				
4				

Parking    Yes    No    Complete Description: \_\_\_\_\_

Please provide five year earthquake loss history: \_\_\_\_\_

Is building retrofitted/bolted?    Yes    No    Is building retrofitted/bolted?    Yes    No

Date: \_\_\_\_\_

Signature / Name of Broker

Address & Phone Number of Broker Submitting Risk