



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