

**Residential Earthquake Insurance
New Business Application**
Tel: (877) 233-9722 Fax: (619) 744-0706

- Issue New Policy
- Pre-Approval for shaded zip codes only
- *Submit for High Value Quote

Effective Date Requested: _____
Note: Application is subject to approval from Arrowhead. No Coverage is bound.

Indicate limit for desired product below – minimum limit must be equal to or greater than companion Homeowner's Policy

Superior EQ Policy	Standard EQ Policy	Condo EQ Policy
<p>Select Dwelling Limit</p> <p>A. <input style="width: 100%;" type="text"/></p> <p>B. 10% of A included</p> <p>C. 50% of A included</p> <p>D. 20% of A up to \$25,000 included</p> <p>Deductible: 10% included (5% included in Territory A1 only)</p> <p>Check for optional 15% deductible <input type="checkbox"/></p> <p>Optional Superior EQ Plus Endorsement <input type="checkbox"/></p>	<p>Select Dwelling Limit</p> <p>A. <input style="width: 100%;" type="text"/></p> <p>B. No coverage</p> <p>C. \$5,000 included</p> <p>D. \$1,500 included</p> <p>Deductible: 15%</p>	<p>Select Contents Limit</p> <p>C. <input style="width: 100%;" type="text"/></p> <p>A. \$25,000 included</p> <p>D. \$2,500 included</p> <p>F. \$5,000 Loss Assessment Included</p> <p>Deductible 10%</p> <p>Underground, First Floor or Tuck-Under Parking? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Year Built:

Note: Dwellings built prior to 1955 require retrofit documentation-See Producer Manual. Condos built prior to 1960 are ineligible.

Square Footage:
(Living Area)

Number of Levels:
(Include Basement)

Number of Units:

Construction Type: Wood Frame: Stucco/Frame: Masonry Veneer: _____ % Other _____

Note: Dwellings constructed of masonry are ineligible.

Foundation Type: Slab Crawl space with concrete perimeter Basement Other _____

If dwelling was built between 1955 – 1972, does it have cripple walls? Yes No

If yes, have the cripple walls been properly braced? Yes No

Slope: Flat Gentle Steep - If steep, indicate degree of slope _____ Note: Dwellings on a slope over 26° are ineligible

Current H.O. Carrier: _____ Current H.O. Coverage A Limit (Or Cov. C Limit if Condo): _____

Prior earthquake damage? Yes No Date of loss ___/___/___ Has all damage been repaired? Yes No Amount Paid: \$ _____
(Please print clearly or type)

Agency Name: _____ Producer Code _____

Producer Contact _____ Tel _____ Fax _____

E-mail _____

Insured Name _____

Property Address _____

Number N,S,E,W Street Name Dr. Ct. Ave. St.

City _____ State _____ Zip _____ Tel # _____

Mailing Address: _____

(If Different)

Mtg.(Name, address and Loan #) _____

For mortgage billing only

Payment Plans: Full Pay Three Pay Mortgage Bill (\$5.00 Installment Fee)

Note: Down payment is not required with application. Policy is billed directly to insured or mortgage company and copies to producer.

Quoted Premium: \$ _____

Insured Signature: _____ Broker Signature: _____

(Optional)

(Required)

FAX COMPLETED APPLICATION TO (619) 744-0706
YOU WILL RECEIVE A CONFIRMATION AND POLICY NUMBER WITHIN 24 HOURS.
*YOU WILL RECEIVE A RESPONSE ON HIGH VALUE HOMES WITHIN TWO BUSINESS DAYS.