

DIC/EARTHQUAKE COVERAGE REQUEST

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 #: _____

Street Address: _____ Suite/Building #: _____

City: _____ State: _____ Zip: _____

1. Construction Class: (Check one)
- | | |
|--|--|
| <input type="checkbox"/> Wood Frame | <input type="checkbox"/> Non-Combustible |
| <input type="checkbox"/> Joisted Masonry - Tilt Up | <input type="checkbox"/> Masonry Non-Combustible |
| <input type="checkbox"/> Joisted Masonry - Reinforced Masonry | <input type="checkbox"/> Modified Fire Resistive |
| <input type="checkbox"/> Joisted Masonry - Un-reinforced Masonry | <input type="checkbox"/> Fire Resistive |
2. Year Built: _____
3. Number of Stories: _____
4. Total Square Footage: _____
5. Parking Class: (Check one)
- | | |
|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Tuckunder - 2 Sides |
| <input type="checkbox"/> Detached - Requires a Separate Bld Limit | <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 |
6. Bolted to Foundation?
- | | |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No (Wood Frame Only) |
|------------------------------|---|
7. Occupancy: (Check one)
- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Agri-Business | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Apartment | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Condo Association | <input type="checkbox"/> School |
| <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Service |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Warehouse |
| <input type="checkbox"/> Office | <input type="checkbox"/> Wholesale |
| <input type="checkbox"/> Public Building | |

Explain Occupancy Class in Detail (required): _____

8. Item

Value (Dollar Amounts will be rounded to the nearest thousand)

A. Building \$ _____

B. Contents \$ _____

C. Business Interruption/Extra Expense \$ _____

D. Extended Sprinkler Leakage (Including Rental Value) Yes No

E. Coverage for Business Income/Extra Expense and Additional Property Coverage* is provided on a per location basis.

Note: Coverage must be 100% of Replacement Cost. Business interruption values must not exceed 50% of either the Building only value (on a Building only policy) or 50% of the combined Building and Contents value on a combined policy, or 100% of the Contents values on a Contents only policy.

BI/EE \$ _____ (for location)

*APC \$ _____ (for location)

Please select which APCs are applicable for this location: Pools Fences Paved Surfaces

9. Requested Effective Date: _____ M/D/Y

10. Inspection Contact: _____ Inspection Telephone: (_____) _____

11. Deductible Option: 2% 5% 10% 20%

Earthquake Sprinkler Leakage: Yes No

Ordinance or Law: None 10% 20%

Additional Interest Holder

Name: _____ Loan Number : _____

Address: _____

Interest: _____

Question Select Rating (required)

Building Features Excellent Good Average Fair Poor
Describe the care, condition, and type of Premises and Equipment.

Building Features Management Excellent Good Average Fair Poor
How is the cooperation of management, in matter of safeguarding and proper handling of the property covered?

Building Features Location Excellent Good Average Fair Poor
Describe the age, condition and unusual Structural features of the building.