

Residential Earthquake Insurance New Business Application

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

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

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

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

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 Amt Paid: \$ _____

(Please Print Clearly or Type)

Agency Name: _____ Producer Code: _____

Producer Contact: _____ Tel: _____ Fax: _____

Insured Name: _____ E-mail: _____

Property Address: _____
 Number N,S,E,W Street Name Dr. Ct. Ave. St.

City: _____ State: _____ ZIP: _____ Tel: _____

Mailing Address (if Different): _____

Mortgage Company (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: _____ (Optional) Broker Signature: _____ (Required)