



APPLICATION FOR EARTHQUAKE POLICY

1. NAME INSURED _____

2. MAILING ADDRESS _____
Street City State Zip code

3. BUILDING #1: _____
Street City County State Zip Code

for multiple buildings use additional applications

CURRENT VALUES:

Building Business Personal Property: Coinsurance: %

Business Income/ExtraExpense Coinsurance % or Monthly Limitation

How was valuation determined? As of what date?

CONSTRUCTION:

- Frame - 1975 & Prior
Frame - 1976 to Present
Steel & Metal 1975 & Prior
Steel & Metal 1976 to Present
Brick Veneer & JM - 1975 & Prior
Brick Veneer & JM - 1976 to Present
Masonry, Brick, Stone, Concrete Block and Tilt-up - 1975 & Prior
Masonry, Brick, Stone, Concrete Block & Tilt-up - 1976 to Present

Number of Stories Year Built Square Footage Parking Type

Deductible: 5% 10% 20% Occupancy

Property Loss History:

Total Limit Requested Effective Date

THE UNDERSIGNED DECLARES THAT TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF THE STATEMENTS CONTAINED IN THE APPLICATION ARE TRUE. THE SIGNING OF THE APPLICATION DOES NOT BIND THE APPLICANT OR COMPANY TO COMPLETE THE CONTRACT. THE STATEMENTS CONTAINED IN THIS APPLICATION WILL FORM THE BASIS OF THE CONTRACT AND THIS APPLICATION WILL BE INCORPORATED INTO THE CONTRACT. THE UNDERSIGNED ACKNOWLEDGES THAT ANY FRAUD, MISREPRESENTATION OR CONCEALMENT IN ANY WAY RELATING TO THIS STATEMENTS CONTAINED IN THE APPLICATION SHALL RENDER THE POLICY NULL AND VOID.

X Signature of Applicant Date X Signature of Agent Date

IIWEQ(5/11/2005)