

CALIFORNIA EARTHQUAKE AUTHORITY
EARTHQUAKE INSURANCE APPLICATION - INSTRUCTIONS

POLICY EFFECTIVE DATE AND EXPIRATION DATE

Provide CEA policy effective date and expiration date.

Expiration date must be the same as the expiration date of the companion policy.

APPLICANT

Complete all requested information for applicant(s) including:

- Name(s)
- Telephone number(s)
- Street address of physical location of insured property
- Mailing address (if different from street address of property's physical location)

COMPANION POLICY INFORMATION

Complete all requested information for companion policy including:

- Name of Participating Insurer
- Policy number of companion policy
- Dwelling limit (i.e., Coverage A) of companion policy (if companion policy has dwelling limit)
- Expiration date of companion policy
- Type of companion policy

POLICY TYPE - RATING AND COVERAGE INFORMATION

Identify CEA policy type based on the type of companion policy as follows:

- **Homeowner** (Companion policy must be either a Homeowners (HO-1, 2, 3, 5, or 8), Dwelling Fire (building), Landlord (building), or Mobilehome policy.)
 - **Mobilehome/Manufactured Home** (Written on CEA Homeowner Policy form; however, requires unique rating information.)
- **Condominium (i.e. Common Interest Development)** (Companion policy must be a Condominium Unit Owners (HO-6) policy.)
- **Renters** (Companion policy must be a Renters (HO-4) , Mobilehome (tenant policy), Dwelling Fire (contents only), or Landlord (contents only) policy.)

Complete all information requested under the applicable CEA policy type. Answer all questions and select desired CEA policy limits and coverage options.

PREMIUM CALCULATION

Provide premium calculations.

PAYMENT OPTIONS

Select payment option:

- Annual; or
- Installments

SEND BILL TO

Select who should receive the bill:

- Insured; or
- Mortgagee

ADDITIONAL INTERESTS

Complete information requested for each additional interest, including:

- Type:
 - Mortgagee;
 - Additional insured; or
 - Loss payee
- Name and address
- Loan number (if applicable)

REMARKS

Include any additional remarks as needed.

SIGNATURE

Secure the applicant's signature on the application.

Provide the producer's name and address.

Provide the producer's license number (if required)

Provide the producer's tax identification number (if required)

Provide the date and time the application is completed.



CALIFORNIA EARTHQUAKE AUTHORITY EARTHQUAKE INSURANCE APPLICATION

APPLICANT INFORMATION**EARTHQUAKE POLICY NUMBER:****EFFECTIVE DATE:****EXPIRATION DATE:**

APPLICANT				TELEPHONE NUMBERS			
Last Name		First Name		Middle/Initial		Home	Work
CO-APPLICANT (if applicable)				TELEPHONE NUMBERS			
Last Name		First Name		Middle/Initial		Home	Work
STREET ADDRESS OF PHYSICAL LOCATION OF INSURED PROPERTY				MAILING ADDRESS (if different)			
Number and Street Address			Unit	Number and Street Address			Unit
City	State	Zip Code	County	City	State	Zip Code	Country

COMPANION POLICY INFORMATION

Participating Insurer	Companion Policy Number	Dwelling - Coverage A Limit	Expiration Date (Must be same as CEA policy)
Type of Policy	<input type="checkbox"/> Homeowner <input type="checkbox"/> Dwelling Fire <input type="checkbox"/> Mobilehome / Manufactured Home <input type="checkbox"/> Renters <input type="checkbox"/> Condominium <input type="checkbox"/> Other (explain in Remarks)		

HOMEOWNER / DWELLING FIRE**MOBILEHOME / MANUFACTURED HOME****CONDOMINIUM****RENTERS**

Rating Territory	Rating Territory	Rating Territory	Rating Territory	REMARKS
Year Built	Number of Stories	Construction Type <input type="checkbox"/> Mobile or Manufactured	Number of Stories in Building	
Construction Type <input type="checkbox"/> Frame <input type="checkbox"/> Other	Property Inspected? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	Choose any combination of one or more of the following options <input type="checkbox"/> OPTION ONE	PERSONAL PROPERTY - COVERAGE C <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000 <small>There is a \$750 deductible for this coverage.</small>	
Number of Chimneys	Square Footage	Is there unrepaired prior earthquake damage to the dwelling? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If Yes, DO NOT BIND and explain in Remarks.</small>	BUILDING PROPERTY - COVERAGE A Real Property - \$25,000 <small>There is a \$3,750 deductible for this coverage.</small>	
Foundation Type <input type="checkbox"/> Raised <input type="checkbox"/> Slab <input type="checkbox"/> Other	Is the home reinforced by an earthquake resistant bracing system certified by the California Department of Housing and Community Development? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If Yes, attach copy of the certification.</small>	<input type="checkbox"/> OPTION TWO	PERSONAL PROPERTY - COVERAGE C <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000 <small>There is a \$750 deductible for this coverage.</small>	
Roof Type <input type="checkbox"/> Composition <input type="checkbox"/> Tile <input type="checkbox"/> Wood Shake <input type="checkbox"/> Other	DWELLING - COVERAGE A Dwelling Limit: \$ <small>Same as Companion Policy</small>	LOSS OF USE - COVERAGE D <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <small>No deductible for this coverage.</small>	LOSS OF USE - COVERAGE D <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <small>No deductible for this coverage.</small>	
Property Inspected? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	Deductible <input type="checkbox"/> 15% <input type="checkbox"/> 10%	<input type="checkbox"/> OPTION THREE	LOSS ASSESSMENT - COVERAGE E <input type="checkbox"/> \$25,000 <small>Only available if value of property is \$135,000 or less</small> <input type="checkbox"/> \$3,750 deductible <input type="checkbox"/> \$50,000 <small>\$7,500 deductible</small> <input type="checkbox"/> \$75,000 <small>\$11,250 deductible</small>	
Is there unrepaired prior earthquake damage to the dwelling? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If Yes, DO NOT BIND and explain in Remarks.</small>	PERSONAL PROPERTY - COVERAGE C <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000 <small>No deductible for this coverage if Coverage A deductible is met. No coverage if Coverage A is not met.</small>			
Dwelling secured to the foundation? <input type="checkbox"/> Yes <input type="checkbox"/> No	LOSS OF USE - COVERAGE D <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <small>No deductible for this coverage.</small>			
Cripple walls braced with plywood or equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Water heater secured to building frame? <input type="checkbox"/> Yes <input type="checkbox"/> No				
DWELLING - COVERAGE A Dwelling Limit: \$ <small>Same as Companion Policy</small>				

PREMIUM CALCULATION**PAYMENT OPTIONS**

Deductible <input type="checkbox"/> 15% <input type="checkbox"/> 10%	Base Premium	Increased Limits Premium	Hazard Reduction Discount	Total Premium	<input type="checkbox"/> Annual <input type="checkbox"/> Installments
	+		-	=	
	<small>Homeowner and Mobilehome only - If qualifications are met</small>				

ADDITIONAL INTERESTS**SEND BILL TO**

<input type="checkbox"/> Mortgagee <input type="checkbox"/> Additional Insured <input type="checkbox"/> Loss Payee	Name	Loan Number	<input type="checkbox"/> Insured <input type="checkbox"/> Mortgagee
	Address		
<input type="checkbox"/> Mortgagee <input type="checkbox"/> Additional Insured <input type="checkbox"/> Loss Payee	City	State	<input type="checkbox"/> Insured <input type="checkbox"/> Mortgagee
	Zip Code		

I am applying for the insurance indicated, and the information on this application is correct.

Applicant Signature	Producer Name and Address	Producer License Number
Application Date and Time:		Producer Tax ID