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_____ ***X***_____
Signature of Applicant Date Signature of Agent Date IIWEQ(5/11/2005)