

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

CONDOMINIUM

RENTERS

Rating Territory	Rating Territory	Rating Territory	Rating Territory	REMARKS
Year Built # Stories	Construction Type <input type="checkbox"/> Mobile or Manufactured	Number of Stories in Building	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>	
Construction Type <input type="checkbox"/> Frame <input type="checkbox"/> Other	Property Inspected? <input type="checkbox"/> Yes Date: <input type="checkbox"/> No	Choose any combination of one or more of the following options <input type="checkbox"/> OPTION ONE	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>	
# 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		
Roof Type <input type="checkbox"/> Composition <input type="checkbox"/> Tile <input type="checkbox"/> Wood Shake <input type="checkbox"/> Other	DWELLING - COVERAGE A	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>		
Property Inspected? <input type="checkbox"/> Yes Date: <input type="checkbox"/> No	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>		
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>	Deductible <input type="checkbox"/> 15% <input type="checkbox"/> 10 %	<input type="checkbox"/> OPTION THREE		
Dwelling secured to the foundation? <input type="checkbox"/> Yes <input type="checkbox"/> No	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>	LOSS ASSESSMENT - COVERAGE E <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <small>\$3,750 deductible \$7,500 deductible Only available if value of property is \$135,000 or less</small>		
Cripple walls braced with plywood or equivalent? <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>	Does the homeowner association's master policy include earthquake coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If Yes, provide copy of Master policy's Declarations page</small>		
Water heater secured to building frame? <input type="checkbox"/> Yes <input type="checkbox"/> No				
DWELLING - COVERAGE A				
Dwelling Limit: \$ Same as Companion Policy				

PREMIUM CALCULATION

PAYMENT OPTIONS

Deductible <input type="checkbox"/> 15% <input type="checkbox"/> 10 %	Base Premium	Increased Limits Premium	5% 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	Name	Loan Number	<input type="checkbox"/> Insured <input type="checkbox"/> Mortgagee
<input type="checkbox"/> Additional Insured	Address		
<input type="checkbox"/> Loss Payee	City	State Zip Code	
<input type="checkbox"/> Mortgagee	Name	Loan Number	<input type="checkbox"/> Insured <input type="checkbox"/> Mortgagee
<input type="checkbox"/> Additional Insured	Address		
<input type="checkbox"/> Loss Payee	City	State 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