



Earthquake Insurance Application

Effective Date

Expiration Date

Applicant Information

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"/> Mobilehome / Manufactured Home	<input type="checkbox"/> Condominium	<input type="checkbox"/> Renters
<input type="checkbox"/> Dwelling Fire	<input type="checkbox"/> Other (explain in remarks)		

Homeowner / Dwelling Fire

Rating Territory
Year Built
Number of Stories, Including Basement
Construction Type <input type="checkbox"/> Frame <input type="checkbox"/> Other
Number of Chimneys
Square Footage
Foundation Type <input type="checkbox"/> Raised <input type="checkbox"/> Slab <input type="checkbox"/> Other
Roof Type <input type="checkbox"/> Composition <input type="checkbox"/> Tile <input type="checkbox"/> Wood Shake <input type="checkbox"/> Other
Property Inspected? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date
Is there unrepaired prior earthquake damage to the dwelling? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, DO NOT BIND and explain in Remarks
Dwelling secured to foundation? <input type="checkbox"/> Yes <input type="checkbox"/> No
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 \$
Deductible <input type="checkbox"/> 15% <input type="checkbox"/> 10%
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
No deductible for this coverage if Coverage A deductible is met. No coverage if Coverage A deductible is not met
Loss of Use — Coverage D
<input type="checkbox"/> \$1,500 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000
No deductible for this coverage
Additional Limited Building Code Upgrade — optional —
<input type="checkbox"/> Increase Limited Building Code Upgrade coverage from \$10,000 to a total limit of \$20,000
No deductible for this coverage if Coverage A deductible is met. No coverage if Coverage A deductible is not met

Mobilehome / Manufactured Home

Rating Territory
Construction Type <input type="checkbox"/> Mobile or Manufactured
Property Inspected? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date
Is there unrepaired prior earthquake damage to the dwelling? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, DO NOT BIND and explain in Remarks
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
If yes, attach a copy of the certification
Dwelling — Coverage A
Dwelling Limit \$
Same as Companion Policy
Deductible <input type="checkbox"/> 15% <input type="checkbox"/> 10%
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
No deductible for this coverage if Coverage A deductible is met. No coverage if Coverage A deductible is not met
Loss of Use — Coverage D
<input type="checkbox"/> \$1,500 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000
No deductible for this coverage

Condominium

Rating Territory
Number of Stories in building
Choose any combination of one or more of the following options
<input type="checkbox"/> Option One
Building Property — Coverage A
Real Property — \$25,000
There is a \$3,750 deductible for this coverage
<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
There is a \$750 deductible for this coverage
« AND »
Loss of Use — Coverage D
<input type="checkbox"/> \$1,500 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000
No deductible for this coverage
<input type="checkbox"/> Option Three
Loss Assessment — Coverage E
<input type="checkbox"/> \$25,000
\$3,750 deductible
Only available if value of property is \$135,000 or less
<input type="checkbox"/> \$50,000
\$7,500 deductible
<input type="checkbox"/> \$75,000
\$11,250 deductible

Renters

Rating Territory
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
There is a \$750 deductible for this coverage
Loss of Use — Coverage D
<input type="checkbox"/> \$1,500 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000
No deductible for this coverage
Remarks

Premium Calculation

Base Premium	Increased Limits Premium	Hazard Reduction Discount	Total Premium
	+	-	=
Homeowner and Mobilehome only - if qualifications are met			

Payment Options

- ☐ Annual
- ☐ Installments

Additional Interests

Name	Loan Number
<input type="checkbox"/> Mortgagee	
Address	
<input type="checkbox"/> Additional Insured	
City	State ZIP Code
Name	Loan Number
<input type="checkbox"/> 2nd Mortgagee	
Address	
<input type="checkbox"/> Additional Insured	
City	State ZIP Code

Send Bill To

- ☐ Insured
- ☐ Mortgagee
- ☐ Insured
- ☐ Mortgagee

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

X

Applicant Signature

Producer Name and Address

Application Date and Time

**CALIFORNIA EARTHQUAKE AUTHORITY
EARTHQUAKE INSURANCE APPLICATION – 05/09 Edition
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 date and time the application is completed.