

**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 or equivalent), Dwelling Fire (building), Landlord (building), or Mobilehome policy.)
 - **Manufactured Home (Mobilehome)** (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 or equivalent policy.)
- **Renters** (Companion policy must be a Renters (HO-4 or equivalent), Mobilehome (tenant policy), Dwelling Fire (contents only), or Landlord (contents only) policy.)

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

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, the date, and time the application is completed. Provide the producer's name, address and license number.

Applicant Information

Applicant Last Name		First Name	Middle Initial	Telephone Numbers	
				Home	Work

Co-Applicant (if applicable) Last Name		First Name	Middle Initial	Telephone Numbers	
				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)
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Type of Policy

<input type="checkbox"/> Homeowner	<input type="checkbox"/> Manufactured Home/Mobilehome	<input type="checkbox"/> Condominium	<input type="checkbox"/> Renters
<input type="checkbox"/> Dwelling Fire			

Homeowners/Dwelling Fire Basic Program	Manufactured Home/Mobilehome Basic Program	Condominium	Renters
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Rating Territory _____

Year Built _____

Number of Stories, Including Basement _____

Construction Type Frame Other

Number of Chimneys _____

Square Footage _____

Foundation Type Raised Slab Other

Roof Type Composition Tile Wood Shake Other

Is there unrepaired structural earthquake damage to the dwelling? Yes No
If yes, DO NOT BIND and explain in Remarks
NOTE: Inspections are required on all properties with existing non-structural (i.e. cosmetic) earthquake damage.

Dwelling secured to foundation? Yes No

Cripple walls braced with plywood or equivalent? Yes No

Water heater secured to building frame? Yes No

Dwelling — Coverage A

Dwelling Limit \$ Same as Companion Policy

Deductible 15% 10%

Personal Property — Coverage C

\$5,000 \$25,000 \$50,000
 \$75,000 \$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

\$1,500 \$10,000 \$15,000 \$25,000
No deductible for this coverage
— optional —

Additional Limited Building Code Upgrade

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.

Homeowner/Dwelling Fire Basic Program Annual Premium

\$ _____

Rating Territory _____

Construction Type Manufactured or Mobile

Is there unrepaired structural earthquake damage to the dwelling? Yes No
If yes, DO NOT BIND and explain in Remarks
NOTE: Inspections are required on all properties with existing non-structural (i.e. cosmetic) earthquake damage.

Is the home reinforced by an earthquake resistant bracing system or installed upon an approved foundation system certified by the California Department of Housing and Community Development? Yes No
If yes, attach a copy of the certification

Dwelling — Coverage A

Dwelling Limit \$ Same as Companion Policy

Deductible 15% 10%

Personal Property — Coverage C

\$5,000 \$25,000 \$50,000
 \$75,000 \$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

\$1,500 \$10,000 \$15,000 \$25,000
No deductible for this coverage

Manufactured Home/Mobilehome Basic Program Annual Premium

\$ _____

Rating Territory _____

Number of Stories in building _____

Choose any combination of one or more of the following options

Option One Decline

Building Property — Coverage A

Real Property — \$25,000
There is a \$3,750 deductible for this coverage
 Option Two Decline

Personal Property — Coverage C

\$5,000 \$25,000 \$50,000
 \$75,000 \$100,000
There is a \$750 deductible for this coverage

<< AND >>

Loss of Use — Coverage D

\$1,500 \$10,000 \$15,000 \$25,000
No deductible for this coverage

Option Three Decline

Loss Assessment — Coverage E

\$25,000 \$3,750 deductible
Only available if value of property is \$135,000 or less
 \$50,000 \$7,500 deductible
 \$75,000 \$11,250 deductible

Condominium Annual Premium

\$ _____

Rating Territory _____

Personal Property — Coverage C

\$5,000 \$25,000 \$50,000
 \$75,000 \$100,000
There is a \$750 deductible for this coverage

Loss of Use — Coverage D

\$1,500 \$10,000 \$15,000 \$25,000
No deductible for this coverage

Renters Annual Premium

\$ _____

Remarks

Premium Calculation **Payment Options**

Please reference the latest Rate Manual for the applicable Premium Calculation tables. Annual Installments

Additional Interests **Send Bill To**

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

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

X	Applicant Signature	Producer Name, License Number, and Address	Application Date and Time
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