

CALIFORNIA EARTHQUAKE AUTHORITY

EARTHQUAKE INSURANCE APPLICATION INSTRUCTIONS

APPLICANT AND ADDRESS INFORMATION

Complete all requested information for applicant(s) including:

- Applicant name(s) and telephone number(s)
- E-mail address
- Co-Applicant Name and telephone number(s)
- Co-Applicant E-mail address
- Risk address of physical location of applicant's 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, Companion Policy Number, Dwelling Coverage A Limit and expiration date, occupancy of dwelling and type of policy

EARTHQUAKE DAMAGE

Must select "yes" or "no" to confirm any unrepaired structural earthquake damage to the dwelling – if "yes" is selected, **DO NOT SUBMIT APPLICATION**.

PROPERTY INFORMATION

- Select rating fields listed, which include: Construction Type, Roof Type, Foundation Type, , Post-and-Pier or Post-and-Beam Foundation, Cripple Walls, , Number of Stories (including basement), Living Space over Garage, Rating Territory, Number of Chimneys, Square Footage, Year of Construction, Dwelling Anchored, and Water Heater Braced

POLICY 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), Dwelling Fire (unit owner-tenant occupied DP 1, 2 or 3 or equivalent) policy
- **Renters** Companion policy must be a Renters (HO-4 or equivalent) policy

Select desired CEA policy limits and coverage options

- Policy coverage is applicable to each CEA product choice, **Homeowners Choice** and **Standard Homeowners**
- Select the option to decline coverage where a coverage limit is not selected
- CEA Homeowners Choice policy Coverage C deductible must be less than or equal to Coverage A deductible

MORTGAGEE, ADDITIONAL INTERESTS, AND OTHER DESIGNEES

If applicable, you may include up to three additional parties.

PREMIUM AND BILLING INFORMATION

Complete all requested information to ensure the proper billing of the CEA policy premium

- An additional bill also be provided to any Mortgagee, Additional Interest or Other Designee

SIGNATURE

Secure the applicant's signature on the application, the date, and time the application is completed.

Provide the producer's name and address.



Homeowners and Homeowners Choice

Applicant Information		
Applicant Name (Last, First, Middle Initial)	Home Phone	Work Phone
Applicant E-mail Address	Cell Phone	
Co-Applicant Name (Last, First, Middle Initial)	Home Phone	Work Phone
Co-Applicant E-mail Address	Cell Phone	

Address Information				
Risk Address - Physical Location of Property - Number and Street Address	City	State CA	ZIP Code	County
Mailing Address (If different from risk address) - Number and Street Address	City	State	ZIP Code	County

Companion Policy Information			
Participating Insurer	Companion Policy Number	Dwelling - Coverage A Limit	Expiration Date
Occupancy of Dwelling <input type="radio"/> Owner <input type="radio"/> Tenant	Type of Policy <input type="radio"/> Homeowners <input type="radio"/> Dwelling Fire		

Earthquake Damage

Is there unrepaired structural earthquake damage to the dwelling? Yes No **If yes, DO NOT SUBMIT APPLICATION --property is NOT eligible for earthquake coverage.**
 Dwellings with existing, unrepaired structural earthquake damage must be inspected before application to determine whether that damage is considered cosmetic only and does not impair the structural integrity of the dwelling.

Property Information	
Construction Type <input type="radio"/> Frame <input type="radio"/> Other	Number of Stories (Include Basement) <input type="radio"/> One Story <input type="radio"/> Greater than 1 story
Roof Type <input type="radio"/> Tile/Slate <input type="radio"/> Composition <input type="radio"/> Wood Shake <input type="radio"/> Other	<input type="checkbox"/> Living Space Over Garage # of Chimneys _____
Foundation Type <input type="radio"/> Raised <input type="radio"/> Slab <input type="radio"/> Other	Square Footage _____ Year of Construction _____
Does the dwelling have a post-and-pier or post-and-beam foundation? <input type="radio"/> Yes <input type="radio"/> No	Is the dwelling anchored to the foundation using approved anchor bolts in accordance with California Building Code? <input type="radio"/> Yes <input type="radio"/> No
Does the dwelling have cripple walls? <input type="radio"/> Yes <input type="radio"/> No	Is the water heater secured to the building frame in accordance with guidelines for Earthquake Bracing of Residential Water Heaters? <input type="radio"/> Yes <input type="radio"/> No
(A cripple wall is a less than full-height wall that extends from the top of the foundation to the underside of the lowest floor's framing.)	(Tankless water heaters shall be installed in accordance with the manufacturer's requirements.)

Policy and Coverage Information

Homeowners Choice Policy

Includes Dwelling coverage. Personal Property and Loss of Use are optional coverages.

Dwelling - Coverage A

Dwelling Limit \$ (Same as companion) _____

Dwelling Deductible 5% 10% 15% 20% 25%

Building Code Upgrade Limit

Coverage Limit \$ \$10,000 \$20,000 \$30,000
 No coverage if Coverage A deductible is not met.

Personal Property - Coverage C

Decline Personal Property Coverage

Personal Property Limit \$5,000 \$25,000 \$50,000 \$75,000
 \$100,000 \$150,000 \$200,000

Personal Property Deductible* 5% 10% 15% 20% 25%

*Coverage C deductible percent must be less than or equal to Coverage A deductible percent.
 There is no coverage for personal property until the Coverage C deductible is met.
 The Coverage C deductible is waived if the Coverage A deductible is met.

Loss of Use - Coverage D

Decline Loss of Use Coverage

Loss of Use Limit
 \$1,500 \$10,000 \$15,000 \$25,000 \$50,000
 \$75,000 \$100,000

Loss of Use Deductible Loss of Use never has a deductible.

Endorsements

Optional Coverage for Masonry Veneer Yes No
Optional Coverage for Breakables Yes No

Homeowners Policy

Includes Dwelling, Personal Property, and Loss of Use coverages.

Dwelling - Coverage A

Dwelling Limit \$ (Same as companion) _____

Dwelling Deductible 5% 10% 15% 20% 25%

Building Code Upgrade Limit

Coverage Limit \$ \$10,000 \$20,000 \$30,000
 No coverage if Coverage A deductible is not met.

Personal Property - Coverage C

Personal Property Limit \$5,000 \$25,000 \$50,000 \$75,000
 \$100,000 \$150,000 \$200,000

There is no coverage for personal property until the Coverage A deductible is met.

Loss of Use - Coverage D

Loss of Use Limit
 \$1,500 \$10,000 \$15,000 \$25,000 \$50,000
 \$75,000 \$100,000

Loss of Use Deductible Loss of Use never has a deductible.

Endorsements

Optional Coverage for Masonry Veneer Yes No
Optional Coverage for Breakables Yes No



Earthquake Insurance Application

Homeowners and Homeowners Choice

Effective Date: _____ Expiration Date: _____

Mortgagee, Additional Interest, and Other Designees

Name _____ Mortgagee Additional Insured
 Address _____ Loss Payee 3rd Party Designee
 City _____ State _____ Zip Code _____
 Loan Number _____

Name _____ Mortgagee Additional Insured
 Address _____ Loss Payee 3rd Party Designee
 City _____ State _____ Zip Code _____
 Loan Number _____

Name _____ Mortgagee Additional Insured
 Address _____ Loss Payee 3rd Party Designee
 City _____ State _____ Zip Code _____
 Loan Number _____

Premium and Billing Information

Annual Premium* \$ _____ Payment Options: Annual Premium Installments

Additional Billing Options: 3rd Party Designee Other (below)

Send Bill To: Insured Mortgagee 2nd Mortgagee Name and Address _____

*The minimum annual premium for a CEA Homeowners policy is \$100.00.

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

X _____
 Applicant Signature Application Date and Time Producer Name

 Producer License Number Producer Address

Why consider earthquake insurance? (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Financial Security | <input type="checkbox"/> Home insurance company mailing | <input type="checkbox"/> Home insurance company agent recommendation |
| <input type="checkbox"/> Other CEA policyholder recommendation | <input type="checkbox"/> Recent flood or wildfire | <input type="checkbox"/> Recent earthquake |
| <input type="checkbox"/> Earthquake insurance news story | <input type="checkbox"/> CEA Policy Options | <input type="checkbox"/> CEA retrofitting incentives |
| <input type="checkbox"/> CEA representative | <input type="checkbox"/> CEA advertising | |

Company Use Only

Hazard Reduction Discount Qualification: Yes No
 Applicant meets verified criteria Yes No
 CEA DRV(01/2019) Received* Yes No

*A completed CEA Earthquake Insurance Dwelling Retrofit Form -- CEADRV (01/2019) is required to obtain this credit.

CEA EARTHQUAKE INSURANCE - DWELLING RETROFIT VERIFICATION FORM

PARTICIPATING INSURER AND POLICYHOLDER INFORMATION

CEA Participating Insurance Company:		CEA Policy #:
Name of Policyholder:		Phone #:
Address listed on the CEA policy and inspected:		
Street:		E-mail:
City	ZIP Code:	Date Inspected

DWELLING INFORMATION

- Year of dwelling construction: _____

- Is the dwelling a wood frame single family home (1 -4 attached residential units)? Yes No

- Is the dwelling anchored to the foundation in accordance with the applicable building codes, as determined by an inspection conducted in accordance with the California Earthquake Authority (CEA) Dwelling Retrofit Verification (DRV) Requirements. Yes No

- Is the dwelling on a **raised or other** foundation type?*(A house constructed on a slab foundation does not qualify for discount.) Yes No
 - Does the dwelling have **cripple walls**? Yes No
 - **If yes**, are the **cripple walls** braced in accordance with applicable building codes, as determined by an inspection conducted in accordance with the CEA DRV Requirements? Yes No
 - Is the dwelling on a **post-and-pier or post-and-beam foundation**? Yes No
 - **If yes**, is the dwelling on the **post-and-pier or post-and-beam foundation** modified in accordance with applicable building codes, as determined by an inspection conducted in accordance with the CEA DRV Requirements? Yes No
 - Is the dwelling on a **unreinforced masonry-brick, concrete block, or stone foundation**? Yes No
 - **If yes**, is the dwelling on the **unreinforced masonry-brick, concrete block, or stone foundation** modified in accordance with applicable building codes, as determined by an inspection conducted in accordance with the CEA DRV Requirements? Yes No

- Is the water heater secured to the building frame in accordance with Guidelines for Earthquake Bracing Residential Water Heaters (California Department of General Services, Division of the State Architect)? Yes No
 Tankless water heater shall be installed in accordance with manufacturer's requirements.

* Definitions of foundation types are on the CEA website: www.earthquakeauthority.com Insurance Policies - Premium Discounts

CIVIL OR STRUCTURAL ENGINEER or LICENSED CONTRACTOR INFORMATION

<input type="radio"/> General Building Contractor <input type="radio"/> Civil or Structural Engineer	General Building Contractor/Civil or Structural Engineer License Number:
Contractor or Engineering Business Name:	Was this entity the engineer or contractor of record for this retrofit work? <input type="radio"/> Yes <input type="radio"/> No
Address:	
Contractor/Engineer Name:	Phone #: Date:
Contractor/Engineer Signature:	Professional Title or Designation, if any:

By signing above, I certify that I have inspected the property in accordance with the provisions of CEA DRV Requirements and I have answered the questions above to the best of my knowledge, for the purpose of verifying whether the seismic retrofit described above has been completed in accordance with applicable building codes. My inspection, and my signature above, are not to be deemed an evaluation, approval, or endorsement of the quality or workmanship of the retrofit work, nor a warranty, guarantee, or endorsement, or opinion of the safety or performance of the retrofit or of the property in the event of an earthquake.

BRACE + BOLT PROGRAM RETROFIT VERIFICATION

B+B Application Number	Approved Date:	Verification Number:
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PROCESSING

To obtain the discount, this CEA Earthquake Insurance Dwelling Retrofit Verification form must be completed requiring a signature (by a licensed general contractor or a civil or structural engineer) or a valid Brace + Bolt verification number listed on the form. **Send the completed form to your insurance agent/homeowners insurance company for processing.**