CALIFORNIA EARTHQUAKE AUTHORITY
POLICY APPLICATION INSTRUCTIONS

A. APPLICANT

1. Show the earthquake policy number, the effective date, and the expiration date.
2. Show the complete names of all applicants.
3. Show the complete location address or legal description of the property location to be insured. If the insured property is a common interest development (condominium) unit or an apartment, include the number or other specific designation.
4. Show the complete mailing address of the applicant(s), if it is different from the insured property address. Include the province/country, if outside the United States.
5. Show the insured’s daytime and evening telephone numbers.
6. Show the name of the insurer that issued (is issuing) the companion policy, the current companion policy or quotation number, and the expiration date of the companion policy.
7. Attach a copy of the companion policy’s "Declarations Page", or the application for the companion policy.
8. Check the box that describes the type of companion policy. If none of the choices describe the type of policy, check "Other" and provide a description in the "Remarks" section. The type of companion policy determines the type of policy that may be written by the California Earthquake Authority and the type of coverage that is available under that policy.

B. ELIGIBILITY

1. Show the year the dwelling was originally built. Show this in addition to the construction-age category in #2 below.
2. Check the box that describes the age-construction type category. If none of the descriptions fit the type of construction, or if the dwelling is mixed construction, check "Other" and describe the type of construction in the Remarks section.
3. For Homeowners policies, indicate the number of units in the insured dwelling (1-4). For Common Interest Development (condo) and Renters policies, indicate the number of units in the applicant’s building.
4. If the application specifies a Common Interest Development (condominium) policy, indicate the market value of the insured unit, excluding the value of the land.
5. For Homeowners policies, indicate the number of stories and square footage of the insured dwelling. For Common Interest Development (condo) or Renters policies indicate the number of stories in the building in which the unit is located and the square footage of the unit.
6. Show the number of chimneys in the insured dwelling. No entry is required for Common Interest Development policies and Renters policies.
7. Show the rating territory.
8. Check the box that best describes the type of roof construction.
9. Indicate whether the property has been inspected according to the Inspection Guidelines and, if so, the date of the inspection.
10. Check the box that best describes the type of foundation.
11. If the dwelling to be insured is a conventionally built or modular home, answer questions 1 through 4 only. If question 1 is answered "Yes", explain in the Remarks section.
12. If the application is for a dwelling constructed after 1978, a condominium unit or tenant’s personal property, check "N/A" (not applicable) for questions 2 and 3.
13. If there are no cripple or stud walls, check "N/A" for question 3.
B. ELIGIBILITY (continued)

14. Indicate whether the retrofit discount has been applied.

15. If the application is for a unit in a common interest development or condominium association, indicate whether the Association’s master policy includes earthquake coverage.

16. If the dwelling to be insured is a mobile home, it may qualify for a 5 percent rate credit if it has been reinforced by an Earthquake Resistant Bracing System that is certified by the State of California Department of Housing Community Development. If your answer to “ELIGIBILITY” Question 7 is “Yes,” attach a copy of the “Contract” for installation of this system.

C. PREMIUM AND BILLING

1. The CEA offers basic earthquake coverage with a 15% deductible. Complete the basic earthquake coverage information as follows:

   Homeowners (Dwelling) Policy: In the coverage A space, indicate the value of the insured dwelling under ‘Dwelling Amount’.

   Common Interest Development (Condo) Policy: Choose one or more of the three optional coverages. If Loss Assessment Coverage is chosen, select a limit. Units whose market value is $135,000 or less may choose either; units valued at more than $135,000 must choose the $50,000 limit.

   Renters Policy: The basic package is $5,000 Contents coverage with $1,500 loss of use coverage.

   To add additional coverage to the basic earthquake coverage, refer to the next section on this application entitled "Supplemental Coverage Options." If you choose not to purchase supplemental coverage, proceed to Item 3, Premium and Billing section.

2. Supplemental Coverage Options - To choose one of the nine supplemental coverages, check the appropriate box in the "Supplemental" section. The choices of coverage are as follows:

   Column 1 describes coverage options that are available only with the Homeowners (dwelling) policy. These options all offer reduction of the deductible to 10% combined with different contents and loss of use limits.

   Box 1: provides a 10% deductible, and basic policy limit of $5,000 contents, $1,500 loss of use.

   Box 2: provides a 10% deductible with increased contents coverage to $25,000 and increased loss of use coverage to $10,000.

   Box 3: provides a 10% deductible with increased contents coverage to $50,000 and increased coverage for loss of use to $10,000.

   Box 4: provides a 10% deductible with increased contents coverage to $75,000 and increased loss of use to $15,000.

   Box 5: provides a 10% deductible with increased contents coverage to $100,000 and increased loss of use to $15,000.

   Column 2 coverage options are available on all three types of earthquake policy. The deductible is 15% of the basic limit for the applicable coverage.

   Box 1: provides increased contents coverage to $25,000 and increased loss of use coverage to $10,000.

   Box 2: provides increased contents coverage to $50,000 and increased coverage for loss of use to $10,000.

   Box 3: provides increased contents coverage to $75,000 and increased loss of use to $15,000.

   Box 4: provides increased contents coverage to $100,000 and increased loss of use to $15,000.

   Only one supplemental option may be selected

3. Calculate the base policy premium; calculate any supplemental policy premium from the rate manual; subtract 5% retrofit discount if applicable; calculate total premium. Show the amount paid, subtract from the total premium and show the balance due.
C. PREMIUM AND BILLING (continued)

4. Under "Payment Mode", if the annual premium is to be paid in full check the "Annual" box; to indicate that the premium will be billed in installments, check "Installments".

5. If future premiums are to be paid through an escrow account, check the appropriate boxes to indicate whether renewal and endorsement billings will be sent to the insured or the mortgagee.

Make sure a completed "Impound Account" form has been submitted to the insurer to accommodate these changes.

D. OTHER INTEREST

1. If there is a mortgagee, additional loss payee, or additional insured to be named on the policy, check the appropriate box and show the complete name, mailing address and loan number or account designation. If there are more interests than can be shown in the space provided, use the "Remarks" section and/or a separate sheet of paper for a more detailed description, if necessary.

E. SIGNATURE

1. Have the applicant sign the application. The producer may sign this application as the applicant's agent.

2. Show submitting agent or producer's information in the "Producer Name" block.

3. Show the date and time the application was taken in the "Date and Time of Application" block.
# California Earthquake Authority Application for Earthquake Insurance

**Application for Earthquake Insurance**

**EARTHQUAKE POLICY NUMBER**: 

**Effective Date**: 

**Expiration Date**: 

**NAME**

- Last Name: 
- First Name: 
- Middle/Initial: 
- Co-Applicant (if applicable): 

**INSURED DWELLING**

- Number and Street: 
- Unit: 
- City / Town: 
- County: 
- State: 
- Zip Code: 

**MORTGAGEE**

- Number and Street: 
- Unit: 
- City / Town: 
- County: 
- State: 
- Zip Code: 

**MAILING ADDRESS (if different)**

- Daytime Telephone: 
- Evening Telephone: 

**COMPANY**

- Company: 
- Policy Number: 
- Expiration: 

**POLICY**

- Homeowner: 
- Common Interest Unit: 
- Manufactured Home: 
- Mobile Home: 
- Dwelling Fire: 
- Other: 

**YEAR BUILT**

- Frame < 1979: 
- Frame 1979 - 1990: 
- Frame > 1990: 
- Mobile Home: 
- Other: 

**NUMBER OF UNITS IN APPLICANT’S BUILDING**

- Condo Unit Value: 
- Number of Stories: 
- Square Footage: 
- Number of Chimneys: 
- Rating Territory: 

**ROOF TYPE**

- Composition: 
- Tile: 
- Wood Shake: 
- Other: 

- Inspected? 
- Yes: 
- No: 
- N/A: 

**FOUNDATION TYPE**

- Slab: 
- Raised: 

**REMARKS**

- I understand that coverage is effective on effective date shown above. 
- I understand that coverage is not effective until approved by the CEA. 

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

**Coverage Options**

- Check any additional option that applies: 

**Homeowner Policies Only**

- Coverage C - $5,000: 
- Personal Property: 
- Coverage D - $1,500: 
- Loss of Use: 
- Coverage C - $25,000: 
- Personal Property: 
- Coverage D - $5,000: 
- Loss of Use: 
- Coverage C - $50,000: 
- Personal Property: 
- Coverage D - $10,000: 
- Loss of Use: 
- Coverage C - $75,000: 
- Personal Property: 
- Coverage D - $15,000: 
- Loss of Use: 
- Coverage C - $100,000: 
- Personal Property: 
- Coverage D - $15,000: 
- Loss of Use: 

**All Policies (Including Homeowner)**

- Coverage C - $25,000: 
- Personal Property: 
- Coverage D - $10,000: 
- Loss of Use: 
- Coverage C - $50,000: 
- Personal Property: 
- Coverage D - $10,000: 
- Loss of Use: 
- Coverage C - $75,000: 
- Personal Property: 
- Coverage D - $15,000: 
- Loss of Use: 
- Coverage C - $100,000: 
- Personal Property: 
- Coverage D - $15,000: 
- Loss of Use: 

**Premium and Billing**

- Total Premium: 
- Base: 
- Supplemental: + 
- Retrofit Disc: - 
- Total: 

**Amount Paid:** 

**Send Bills To:**

- Name and Address: 
- Payment Mode: 
- Installments: 
- Original: 
- Mortgaged: 
- Insured: 
- Copy: 
- Mortgagee: 
- Insured: 
- SVC Agent: 

**I Understand**

- I understand that coverage is effective on effective date shown above. 
- I understand that coverage is not effective until approved by the CEA. 

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

**Producer Name:** 

**License Number:** 

**ACORD 857 CA (2004/04)**

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