



.....**DIC/EARTHQUAKE APPLICATION**

**Producer Name:** \_\_\_\_\_

**APPLICANT INFORMATION:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Inspection contact name & phone number: \_\_\_\_\_

**BUILDING INFORMATION: (include address, city, county, state, & zip code)**

\_\_\_\_\_  
\_\_\_\_\_

<b>CONSTRUCTION CLASS: (Check One)</b>		<b>PARKING CLASS (Check One)</b>	
<input type="checkbox"/>	Wood Frame Not Bolted to Foundation	<input type="checkbox"/>	Detached
<input type="checkbox"/>	Wood Frame Bolted to Foundation	<input type="checkbox"/>	Attached No Structure Above
<input type="checkbox"/>	Joisted Masonry – Tilt up	<input type="checkbox"/>	Habitational Over Garage
<input type="checkbox"/>	Joisted Masonry- Reinforced Masonry	<input type="checkbox"/>	Tuckunder 1 Side
<input type="checkbox"/>	Joisted Masonry – Unreinforced Masonry	<input type="checkbox"/>	Tuckunder 2 sides
<input type="checkbox"/>	Masonry Non-Combustible	<input type="checkbox"/>	Full Subterranean
<input type="checkbox"/>	Non-Combustible	<input type="checkbox"/>	Partial Subterranean
<input type="checkbox"/>	Modified Fire Resistive	<input type="checkbox"/>	First Floor Parking
<input type="checkbox"/>	Fire Resistive	<input type="checkbox"/>	Soft First Floor
<input type="checkbox"/>		<input type="checkbox"/>	None

<b>OCCUPANCY (Check One):</b>	
<input type="checkbox"/>	Agri-Business
<input type="checkbox"/>	Apartment
<input type="checkbox"/>	Condo Association
<input type="checkbox"/>	Hotel/Motel
<input type="checkbox"/>	Manufacturing
<input type="checkbox"/>	Office
<input type="checkbox"/>	Public Building
<input type="checkbox"/>	Restaurant
<input type="checkbox"/>	Retail
<input type="checkbox"/>	School
<input type="checkbox"/>	Service
<input type="checkbox"/>	Warehouse
<input type="checkbox"/>	Wholesale



# Swett & Crawford

Everything We Know Goes Into Everything We Do™

Explain Occupancy in Detail: \_\_\_\_\_

Year Built: \_\_\_\_\_ Number of Stories: \_\_\_\_\_ Square Footage: \_\_\_\_\_

<b>COVERAGES (complete the attached schedule of values if more than 1 location)</b>	
<b>Coverage must be 100% of replacement cost</b>	
Building	\$
Contents	\$
Business Income	\$
Additional Property Coverage	\$
Earthquake Sprinkler Leakage	Yes / No (Circle One)
Ordinance or Law	No / 10% / 20% (Circle One)
Deductible Options	5% / 10% / 15% / 20% (Circle One)

Please select which Additional Property Coverage are applicable:

Pools \_\_\_\_\_ Fences \_\_\_\_\_ Paved Surfaces \_\_\_\_\_ Other (describe) \_\_\_\_\_

Insured's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Agent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

