

GOBRIAL INSURANCE AGENCY

9560 Topanga Canyon Blvd. Suite 203, Chatsworth, CA 91311

Phone: 818-341-5204 Fax: 818-341-9930

Earthquake Coverage Request Form

Please read carefully and complete *all* sections

SECTION I - APPLICANT

Account Name: _____

Mailing Address: _____

Suite/Building#: _____

City: _____ State: _____ Zip: _____

SECTION II – BUILDING INFORMATION (if different from above)

Location # : _____

Mailing Address: _____

Suite/Building # : _____

City: _____ State: _____ Zip: _____

Construction Class: (Check One)

_____ Wood Frame Bolted to Foundation? _____ Yes _____ No

_____ Non-Combustible

_____ Brick Veneer

_____ Joisted Masonry – Tilt Up

_____ Joisted Masonry – Reinforced Masonry

_____ Joisted Masonry – Un-reinforced Masonry

_____ Masonry Non-Combustible

_____ Modified Fire Resistive

_____ Fire Resistive

_____ Modular

Year Built: _____ Square Footage: _____

of Stories: _____ # of Buildings: _____ # of Units: _____ (if applicable)

Parking Class: (Check one)

_____ None

_____ Detached

_____ Attached-No Structure above

_____ Habitational Over Garage (HOG)

_____ Tuckunder-1-Side

_____ Tuckunder-2-Sides

_____ Full Subterranean

_____ Partial Subterranean

_____ First Floor Parking

_____ Soft First Floor

Explain Occupancy Class in Detail (required): _____

Building Shape: _____ Regular _____ Irregular _____ Unknown

Setbacks or Overhangs: _____ Yes _____ No _____ Unknown

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Insured's Interest: _____ Lessor _____ Tenant _____ Owner Occupant

Requested Coverage:

Building \$_____ (100% Replacement Cost Required)

BPP \$_____ (100% Replacement Cost Required)

Tenant Improvements and Betterments \$_____

Inspection Contact: _____

Inspection Telephone: _____

Requested Effective Date: _____

Deductible Option: 2% / 5% / 7.5% / 10% / 15% / 20% (circle one)

Ordinance or Law: None / 10% Sublimit / 20% Sublimit (circle one)

Earthquake Sprinkler Leakage: Y / N (circle one)

Flood Coverage: Y / N (circle one)

Mold Clean-Up and Removal Coverage:

\$10,000 (Building Only)

Business Income / Extra Expense (provided on a per location basis):

BI/EE \$_____ (for location)

Additional Property Coverage (provided on a per location basis):

APC \$_____ (for location)

Please select which APC's are applicable for this location:

Pools _____ Fences _____ Paved Surfaces _____

SECTION III – CURRENT COVERAGE

Current Coverage: Y / N (circle one)

Company: _____

Deductible: _____

Limits: _____

Premium: _____

Applicant's Signature: _____ Date: _____

Producer's Signature: _____ Date: _____