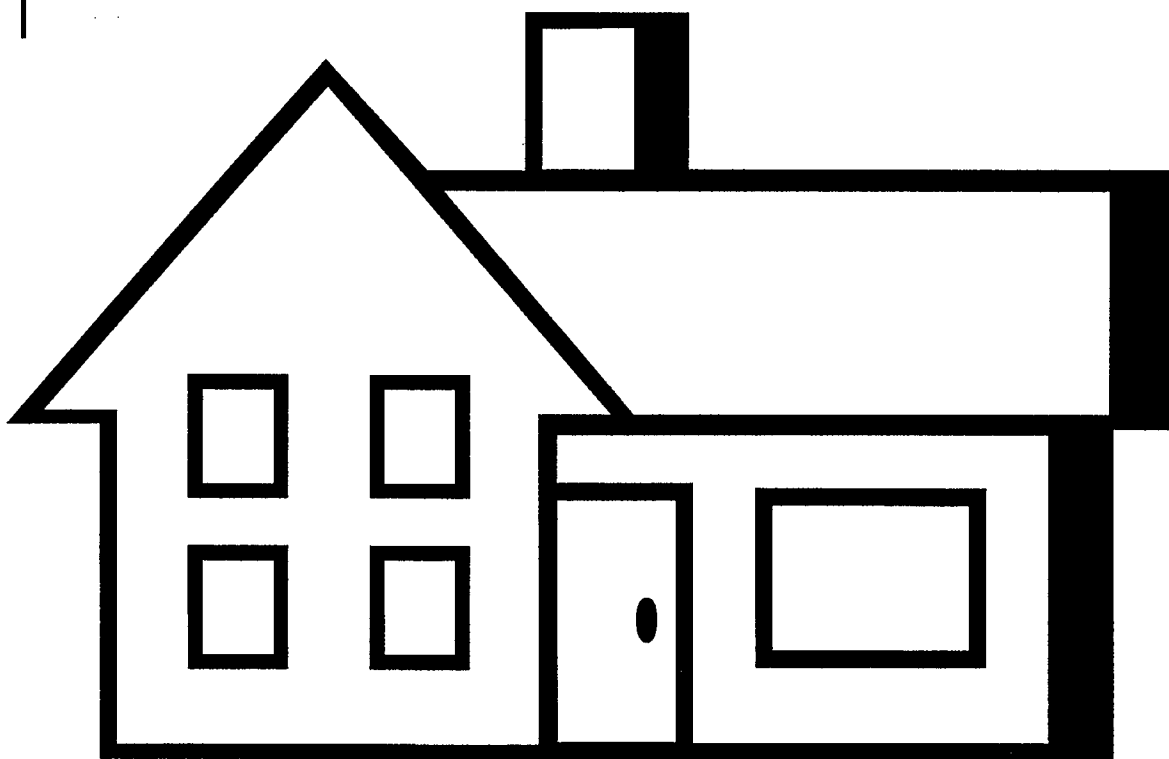




**HOME POLICY  
INSURANCE APPLICATION**



## Topa Insurance Company

THIS APPLICATION WILL NOT BE GIVEN ANY CONSIDERATION UNLESS:

1. It is fully completed and every question is answered
2. It is personally signed and dated by both the Applicant and the Producer.

Producer
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**Eligible Dwellings:**

- Single Family and Owner occupied.
- Frame or Frame/Stucco construction.
- Less than 60 years old on the effective date of the application.
- Not located in a brush hazard area or within 250 feet of brush.

Applicant's Full Name		
Mailing Address		
City	State	Zip Code
Home Phone Number		Work Phone Number

Proposed Effective Date All policies are 1 year terms		at 12:01 A.M.
County in which property is located:		
Date of Purchase	Year dwelling was built	
Replacement Cost - no land	Market Value with land	
Number of Square Feet	Number of Families	

Complete address of Property to be insured. If same as the mailing address, then write "SAME".
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Feet to Fire Hydrant	Miles to Fire Station	Type of Construction	Type of Roof	Age of Roof:	Condition of Roof
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A. Dwelling	B. - Other Structures. 10% of A is included.	C - Personal Property. 50% of A is included.	D - Loss of Use. 20% of A is included.	E. Personal Liability 100, 200, 300, 500 (in 000)	F. Medical Payment to Others.
\$	\$	\$	\$	\$,000	\$1,000.00

Section: All Perils Deductible: [ ] \$500.00 [ ] \$1,000.00 [ ] \$1,500.00 [ ] \$2,000.00	Premium Group	Protection Class
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	Column 1	Column 2
1. Cov. A premium		
2. Increase Coverage B or C		
3. Increase E to 200,000, 300,000 or 500,000		
4. Replacement Cost on Personal Property		
5. Extended replacement cost on Coverage A & B		
6. Computer equipment over \$2,500		
7. Ltd Water Damage \$1,000 deductible Limit [ ] \$5,000 [ ] \$10,000		
8. Sum Column 1 =====>		
9. Theft Coverage (Burglary included in base premium)		
10. Burglary Protection credit (5%) - Proof required		
11. Fire Protection credit (5%) - Proof required		
12. Age of Dwelling		
13. Claim Free Discount		
14. Home Business Coverage Need HB Supplemental App		
15. Home Business Additional Insured		
16. Personal Injury		
17. Sum Column 2 =====>		

Column 1 \$	+ Column 2: \$	+ Fully Earned Fees: \$65.00 = Total Annual Premium: \$
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First Mortgagee's Name	Second Mortgagee's Name
Mailing Address	Mailing Address
City State Zip Code	City State Zip Code
Loan Number	Loan Number

Name	Date of Birth	Married	Occupation	Employer

Slope of Property: [ ] flat [ ] gentle [ ] steep (over 26 degrees) If steep, the risk is not eligible	Are you or spouse currently in bankruptcy? [ ] No [ ] Yes - Not Eligible!
Foundation Type: [ ] Slab [ ] Basement [ ] Crawl w/concrete perimeter [ ] Crawl w/wood perimeter [ ] Stilts Pilings or Post - NOT eligible.	Have either of you declared bankruptcy in the past 3 years? [ ] Yes [ ] No
Number of Stories including basement?	Previous Insurance Company Policy Number
If built prior to 1973, does it have cripple walls? [ ] Yes [ ] No If "yes", are the cripple walls braced with plywood? [ ] Yes [ ] No	Have you been cancelled or non-renewed in the past 36 months? [ ] No [ ] Yes - Explain in remarks. Submit for approval Only.
If built prior to 1955, has it been bolted to the foundation [ ] Yes [ ] No Must attach written proof of retrofitting if built prior to 1955	Is the dwelling currently undergoing remodeling? [ ] No [ ] Yes - explain:
FDP-LTD APP (06/2002)	Is the dwelling vacant? [ ] No [ ] Yes - NOT ELIGIBLE!
	Is this your primary residence? [ ] Yes [ ] No: Not eligible - See Fire Only

1. Is the property in a remote or inaccessible area and/or not visible by neighbors?	<input type="checkbox"/> YES* <input type="checkbox"/> NO	12. Is there a burglar alarm system that is connected to a remote 24 hour central station? - Need receipt for credit.	<input type="checkbox"/> NO <input type="checkbox"/> YES
2. Is there fire fighting protection provided by a full time paid fire department?	<input type="checkbox"/> NO* <input type="checkbox"/> YES	13. Is there a fire alarm system that is connected to a remote 24 hour central station? Need receipt with app. for credit	<input type="checkbox"/> NO <input type="checkbox"/> YES
3. Is there any business conducted on the premises? If yes, refer to Topa for approval. Need HB Supp. Application. No coverage without written approval.	<input type="checkbox"/> YES <input type="checkbox"/> NO	14. Are there smoke detectors installed?	<input type="checkbox"/> YES <input type="checkbox"/> NO*
4. Is there an unfenced swimming pool or swimming pool with slide or diving board or an empty pool?	<input type="checkbox"/> YES* <input type="checkbox"/> NO	15. Does the house have circuit breakers?	<input type="checkbox"/> YES <input type="checkbox"/> NO*
5. Are there ANY unrepaired damages, whether or not covered by insurance from a prior loss? If "yes" submit for Company approval	<input type="checkbox"/> YES <input type="checkbox"/> NO	16. Is there a thermostatically controlled heating system?	<input type="checkbox"/> YES <input type="checkbox"/> NO*
6. Is the property in a brush area or within 250 feet of brush or a landslide area or within 1,000 feet of the Pacific Ocean?	<input type="checkbox"/> YES* <input type="checkbox"/> NO	17. Is the roof foam or fiberglass?	<input type="checkbox"/> NO <input type="checkbox"/> YES*
7. Is ANY portion of the premises (house, garage, land, etc.) rented to or held for rental to others?	<input type="checkbox"/> YES* <input type="checkbox"/> NO	18. Are there more than one family living on the premises?	<input type="checkbox"/> NO <input type="checkbox"/> YES*
8a. Has the plumbing been updated in the past 10 years? 8b. What type of plumbing? <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized steel <input type="checkbox"/> Other	<input type="checkbox"/> NO <input type="checkbox"/> YES	19. Does the applicant own and live on the premises insured?	<input type="checkbox"/> YES <input type="checkbox"/> NO*
9. Do you employ any full or part time employees? Number of in-servants? _____ Number of out-servants? _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	20. Do you own or board any animals. List all types & breeds.	<input type="checkbox"/> NO <input type="checkbox"/> YES**
10. Is this a seasonal dwelling, secondary dwelling, mobile home, farm, modular home, rental property or vacant dwelling?	<input type="checkbox"/> YES* <input type="checkbox"/> NO	**INELIGIBLE RISK: Exotic or unusual pets, ferocious or dangerous dogs, including but not limited to Rotweilers, German Shepherds, Pitbulls, Doberman Pincers, Great Danes, Chows, etc.	
11. Are there any tree branches hanging over any part of the roof? If "yes" submit with photographs.	<input type="checkbox"/> YES <input type="checkbox"/> NO		

\* Denotes the risk is NOT eligible. NO coverage can be bound. DO NOT submit an application.

**PLEASE READ:** In addition to the ineligible conditions stated above the following are also ineligible. Risk which: 1) are over 60 years old; 2) are occupied by more than one family; 3) are in foreclosure; 4) are in commercial, industrial or deteriorating locations; 5) are financed by private parties or trustee; 6) have a replacement cost under \$75,000 or over \$800,000; 7) have a replacement cost that exceed the market value; 8) are undergoing extensive remodeling or construction; 9) are not of frame or frame/stucco construction; 10) have more than 2 losses in the past 36 months; 11) have a history of dog bites regardless of breed.

**REFER TO COMPANY - NO COVERAGE BOUND:**

1) Metal or wood shake roofs, photo required with application. Wood shake roofs not in a designated brush area. Roof must be in good condition and fire resistive treated within the past 2 years. Proof of treatment required with application. 2) Farm Animals, they must be for insured's personal enjoyment. No horse riding stables or animal boarding regardless of the type of compensation. Premises cannot be a farm. Photo required with application. 3) Any Risk located in protection class 8, 9 or 10. 4) ANY vandalism or theft losses.

How many stories?	Number of Bedrooms?	Number of Baths?	Number of Fireplaces?	Formal Dining Room? <input type="checkbox"/> NO <input type="checkbox"/> YES	Den/Family Room <input type="checkbox"/> NO <input type="checkbox"/> YES	Central Air? <input type="checkbox"/> NO <input type="checkbox"/> YES	Attached Garage? <input type="checkbox"/> NO <input type="checkbox"/> YES
Skylights? <input type="checkbox"/> NO <input type="checkbox"/> YES How Many?	Living room floor covering material?	Kitchen floor covering material?	Bathroom floor covering material?	Bedroom floor covering material?	French Doors? <input type="checkbox"/> NO <input type="checkbox"/> YES How Many?	Wooden Deck? <input type="checkbox"/> NO <input type="checkbox"/> YES	Crystal Chandeliers? <input type="checkbox"/> NO <input type="checkbox"/> YES

Have you had any losses in the past 36 months?  NO  YES. If yes, please give complete details. Attach additional sheets if necessary.

Date of Loss	Description of Loss	Amount of Loss
Remarks or Special Instructions:		

Public Law 91-508 requires that we advise you that as part of our underwriting procedure a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request additional information as to the nature and scope of the report, if one is made, will be provided. WE DO INSPECT ALL INSURED LOCATIONS AND VERIFY THE INFORMATION YOU PROVIDED.

**APPLICANT'S STATEMENT:** I hereby declare to the best of my knowledge that the statements made on this application are material and true and complete and that these statements are made as an inducement to Topa Insurance Company to issue the policy for which I am applying. I further understand and agree that any material misrepresentation shall cause the policy, if issued, to be null and void.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have personally reviewed this application with the applicant and explained the coverages, limitations and exclusions. I have also explained to the applicant that I am not an insurance agent appointed by Topa Insurance Company and I am representing the applicant as his or her agent in this matter.

Agent/Broker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The effective date of coverage shall be either 12:01 A.M. on the date following the date the application was signed by the applicant, provided the application and payment are received within 3 days of signature date OR if received after 3 days from the date of signature, the effective date shall be the date received or the proposed effective date, whichever is later.

**NO coverage shall be considered bound and the application will be rejected if ANY section is incomplete or the risk is ineligible.**

**Warning: Water Damage Coverage is not automatically included in this insurance.**

**Dwelling Replacement Cost Disclosure:**

The undersigned acknowledges that he or she has been provided a copy of the CALIFORNIA RESIDENTIAL INSURANCE DISCLOSURE.

Signature: \_\_\_\_\_

(Applicant's Signature)

**EARTHQUAKE COVERAGE DISCLOSURE**

THE POLICY YOU ARE APPLYING FOR DOES NOT PROVIDE COVERAGE AGAINST THE PERIL OF EARTHQUAKE. CALIFORNIA LAW REQUIRES THAT EARTHQUAKE COVERAGE BE OFFERED TO YOU AT YOUR OPTION.

WARNING: THESE COVERAGES MAY DIFFER SUBSTANTIALLY FROM AND PROVIDE LESS PROTECTION THAN THE COVERAGE PROVIDED BY YOUR HOMEOWNERS' INSURANCE POLICY. THERE ARE EXCLUSIONS AND LIMITATIONS SUCH AS OUTBUILDINGS, SWIMMING POOLS, MASONRY FENCES, AND MASONRY CHIMNEYS. THIS DISCLOSURE FORM CONTAINS ONLY A GENERAL DESCRIPTION OF COVERAGES AND IS NOT PART OF YOUR EARTHQUAKE INSURANCE POLICY. ONLY THE SPECIFIC PROVISIONS OF YOUR POLICY WILL DETERMINE WHETHER A PARTICULAR LOSS IS COVERED AND, IF SO, THE AMOUNT PAYABLE.

THE COVERAGE, SUBJECT TO POLICY PROVISIONS, MAY BE PURCHASED AT ADDITIONAL COST ON THE FOLLOWING TERMS:

- (A) AMOUNT OF DWELLING COVERAGE: \$  
APPLICABLE DEDUCTIBLE: 15% OF THE DWELLING COVERAGE. IF YOUR LOSS IS BELOW THIS AMOUNT, YOU SHALL NOT RECEIVE ANY PAYMENT FROM YOUR COVERAGE.
- (B) CONTENTS COVERAGE: \$5,000.00  
IF YOUR LOSS DOES NOT EXCEED THE DEDUCTIBLE FOR THE DWELLING, YOU WILL NOT RECEIVE ANY PAYMENT FOR THIS COVERAGE.
- (C) ADDITIONAL LIVING EXPENSE: \$1,500.00
- (D) RATE OR PREMIUM: \$

YOUR INSURANCE AGENT WILL PROVIDE WRITTEN NOTICE AS TO HOW THE DEDUCTIBLE APPLIES TO THE REPLACEMENT VALUE OF THIS COVERAGE.

WITH THIS OFFER, YOU HAVE BEEN PROVIDED A DESCRIPTION OF ALL COVERAGE AND HOW THE DEDUCTIBLE APPLIES TO THE REPLACEMENT VALUE FOR RESIDENTIAL EARTHQUAKE COVERAGE. THERE ARE NO DISCOUNTS AVAILABLE ON THE PREMIUM FOR RESIDENTIAL EARTHQUAKE COVERAGE.

THE UNDERSIGNED ACKNOWLEDGES THAT EARTHQUAKE COVERAGE HAS BEEN OFFERED, THAT A PREMIUM, OR RATE, HAS BEEN QUOTED FOR EARTHQUAKE COVERAGE AND THAT SAID COVERAGE IS HEREBY

**[ ] REJECTED [ ] ACCEPTED**

[ ] THE DWELLING HAS BEEN RETROFITTED BY BOLTING THE STRUCTURE TO THE FOUNDATION, REINFORCING THE CHIMNEY AND SECURING THE WATER HEATER. IF EARTHQUAKE COVERAGE IS ACCEPTED EVIDENCE OF RETROFITTING MUST BE SUBMITTED WITH THE APPLICATION.

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

(Applicant's Signature)

NO COVERAGE SHALL BE CONSIDERED BOUND AND THE APPLICATION WILL BE REJECTED IF ANY SECTION OF THIS DISCLOSURE IS BLANK AND/OR NOT PROPERLY SIGNED AND DATED.

## CALIFORNIA RESIDENTIAL PROPERTY INSURANCE DISCLOSURE

This disclosure is required by California law (Section 10102 of the Insurance Code). It describes the principal forms of insurance coverage in California for residential dwellings. It also identifies the form of dwelling coverage you have purchased or selected.

This disclosure form contains only a general description of coverages and is not part of your residential property insurance policy. Only the specific provisions of your policy will determine whether a particular loss is covered and, if so, the amount payable. Regardless of which type of coverage you purchase, your policy may exclude or limit certain risks.

**READ YOUR POLICY CAREFULLY:** If you do not understand any part of it or have questions about what it covers, contact your insurance agent or company. You may also call the California Department of Insurance consumer information line at 1-800-927-4357.

The cost to rebuild your home may be very different from the market value of your home since reconstruction is based primarily on the cost of labor and materials. Many factors can affect the cost to rebuild your home, including the size of your home, the type of construction, and any unique features. Please review the following coverages carefully. If you have questions regarding the level of coverage in your policy, please contact your insurance agent or company. Additional coverage may be available for an additional premium.

FORMS OF COVERAGE FOR DWELLINGS	Dwelling Coverage selected or purchased
<p><b><u>GUARANTEED REPLACEMENT COST COVERAGE WITH FULL BUILDING CODE UPGRADE PAYS REPLACEMENT COSTS WITHOUT REGARD TO POLICY LIMITS, AND INCLUDES COSTS RESULTING FROM CODE CHANGES.</u></b></p> <p>In the event of any covered loss to your home, the insurance company will pay the full amount needed to repair or replace the damaged or destroyed dwelling with like or equivalent construction regardless of policy limits. <u>Your policy will specify whether you must actually repair or replace the damaged or destroyed dwelling in order to recover guaranteed replacement cost.</u> The amount of recovery will be reduced by any deductible you have agreed to pay.</p> <p>This coverage includes all additional costs of repairing or replacing your damaged or destroyed dwelling to comply with any new building standards (such as building codes or zoning laws) required by government agencies and in effect at the time of rebuilding.</p> <p>To be eligible to recover full guaranteed replacement costs with building code upgrade, you must insure the dwelling to its full replacement cost at the time the policy is issued, with possible periodic increases in the amount of coverage to adjust for inflation and increases in building costs; you must permit inspections of the dwelling by the insurance company; and you must notify the insurance company about any alterations that increase the value of the insured dwelling by a certain amount (see your policy for that amount).</p>	NOT AVAILABLE
<p><b><u>GUARANTEED REPLACEMENT COST COVERAGE WITH LIMITED OR NO BUILDING CODE UPGRADE PAYS REPLACEMENT COSTS WITHOUT REGARD TO POLICY LIMITS BUT LIMITS OR EXCLUDES COSTS RESULTING FROM CODE CHANGES.</u></b></p> <p>In the event of any covered loss to your home, the insurance company will pay the full amount needed to repair or replace the damaged or destroyed dwelling with like or equivalent construction regardless of policy limits. <u>Your policy will specify whether you must actually repair or replace the damaged or destroyed dwelling in order to recover guaranteed replacement cost.</u> The amount of recovery will be reduced by any deductible you have agreed to pay.</p> <p>This coverage does <u>not</u> include all additional costs of repairing or replacing your damaged or destroyed dwelling to comply with any new building standards (such as building codes or zoning laws) required by government agencies and in effect at the time of rebuilding. Consult your policy for the applicable exclusions or limits with respect to these costs.</p> <p>To be eligible to recover full guaranteed replacement cost with limited or no building code upgrade, you must insure the dwelling to its full replacement cost at the time the policy is issued, with possible periodic increases in the amount of coverage to adjust for inflation and increases in building costs; you must permit an inspection of the dwelling by the insurance company; and you must notify the insurance company about any alterations that increase the value of the insured dwelling by a certain amount (see your policy for that amount).</p>	NOT AVAILABLE

FORMS OF COVERAGE FOR DWELLINGS	Dwelling Coverage selected or purchased
<p><b><u>LIMITED REPLACEMENT COST COVERAGE WITH AN ADDITIONAL PERCENTAGE PAYS REPLACEMENT COSTS UP TO A SPECIFIED AMOUNT ABOVE THE POLICY LIMIT.</u></b></p> <p>In the event of any covered loss to your home, the insurance company will pay to repair or replace the damaged or destroyed dwelling with like or equivalent construction <u>Up to a specified percentage over the policy's limits.</u> See the declarations page of your policy for the limit that applies to your dwelling. <u>Your policy will specify whether you must actually repair or replace the damaged or destroyed dwelling in order to recover this benefit.</u> The amount of recovery will be reduced by any deductible you have agreed to pay.</p> <p>To be eligible for this coverage, you must insure the dwelling to its full replacement cost at the time the policy is issued, with possible periodic increases in the amount of coverage to adjust for inflation; you must permit an inspection of the dwelling by the insurance company; and you must notify the insurance company about any alterations that increase the value of the insured dwelling by a certain amount (see your policy for that amount). Read your declaration page to determine whether your policy includes coverage for building code upgrades.</p>	See below *
<p><b><u>LIMITED REPLACEMENT COST COVERAGE WITH NO ADDITIONAL PERCENTAGE PAYS REPLACEMENT COSTS UP TO POLICY LIMITS ONLY.</u></b></p> <p>In the event of any covered loss to your home, the insurance company will pay to repair or replace the damaged or destroyed dwelling with like or equivalent construction <u>only up to the policy's limit.</u> See the declarations page of your policy for the limit that applies to your dwelling. <u>Your policy will specify whether you must actually repair or replace the damaged or destroyed dwelling in order to recover this benefit.</u> The amount of recovery will be reduced by any deductible you have agreed to pay. To be eligible to recover this benefit, you must insure the dwelling to 80% of its replacement cost at the time of loss. Read your declaration page to determine whether your policy includes coverage for building code upgrades.</p>	See below *
<p><b><u>ACTUAL CASH VALUE COVERAGE PAYS THE FAIR MARKET VALUE OF THE DWELLING AT THE TIME OF THE LOSS, OR THE COST TO REPAIR, REBUILD, OR REPLACE THE DAMAGED OR DESTROYED DWELLING WITH LIKE KIND AND QUALITY CONSTRUCTION, UP TO THE POLICY LIMIT.</u></b></p> <p>In the event of any covered loss to your home, the insurance company will pay either the fair market value of the damaged or destroyed dwelling (excluding the value of land) at the time of the loss or the cost to repair, rebuild, or replace the damaged or destroyed dwelling with like kind and quality construction <u>up to the policy limit, with possible consideration of physical depreciation.</u> The amount of recovery will be reduced by any deductible you have agreed to pay. Read your declaration page to determine whether your policy includes coverage for building code upgrades.</p>	See below *
<p><b><u>BUILDING CODE UPGRADE - ORDINANCE AND LAW COVERAGE PAYS, UP TO LIMITS SPECIFIED IN YOUR POLICY, ADDITIONAL COSTS REQUIRED TO BRING THE DWELLING "UP TO CODE."</u></b></p> <p>In the event of any covered loss, the insurance company will pay any additional costs, up to the stated limits, of repairing or replacing a damaged or destroyed dwelling to conform with any building standards such as building codes or zoning laws required by government agencies and in effect at the time of the loss or rebuilding (see your policy).</p>	NOT AVAILABLE

This disclosure form does not explain the types of contents coverage (furniture, clothing, etc.) provided by your policy. Some policies do not replace contents with new items, but instead, only pay for the current market value of an item. If you have any questions, contact your insurer or agent.

\* TOPA Insurance Company covers only **Limited Replacement Cost Coverage with no additional percentage** or **Limited Replacement Cost Coverage with an additional percentage** under the home insurance program; and only **Limited Replacement Cost Coverage with no additional percentage** under the dwelling fire program; and only **Actual Cash Value Coverage** under the vacant dwelling program. Read your declarations page to determine which coverage is provided. None of the other forms stated in the disclosure are available.

The undersigned acknowledges that he or she have been provided a copy of this California Residential Insurance Disclosure.

Signature: \_\_\_\_\_  
 (Applicant or Named Insured)  
 Signature not needed at time of renewal

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

## California Residential Property Insurance Bill of Rights

The largest single investment most consumers make is their home and related property. In order to best protect these assets, it is wise for consumers to understand the homeowner's insurance market. Consumers should consider the following:

Read your policy carefully and understand the coverage and limits provided. Homeowner's insurance policies contain sublimits for various coverages such as personal property, debris removal, additional living expense, detached fences, garages, etc.

Keep accurate records of renovations and improvements to the structure of your home, as it could affect your need to increase your coverage.

Maintaining a list of all personal property, pictures, and video equipment may help in the case of a loss. The list should be stored away from your home.

Comparison shop for insurance, as not all policies are the same and coverage and prices vary.

Take time to determine the cost to rebuild or replace your property in today's market. You can seek an independent evaluation of this cost.

You may select a licensed contractor or vendor to repair, replace, or rebuild damaged property covered by the insurance policy.

An agent or insurance company may help you establish policy limits that are adequate to rebuild your home.

Once the policy is in force, contact your agent or insurance company immediately if you believe your policy limits may be inadequate.

A consumer is entitled to receive information regarding homeowner's insurance. The following is a limited overview of information that your insurance company can provide.

The California Residential Property Insurance Disclosure

An explanation of how your policy limits were established.

The insurance company's customer service telephone number for underwriting, rating, and claims inquires.

An explanation for any cancellation or nonrenewal of your policy.

A copy of your policy.

The toll-free telephone number and Internet address for reporting complaints and concerns about homeowner's insurance issues to the department's consumer services unit.

In the event of a claim, an itemized, written scope of loss report prepared by the insurer or its adjuster within a reasonable time period.

In the event of a claim, notification of a consumer's rights with respect to the appraisal process for resolving claims disputes.

In the event of a claim, a copy of the Unfair Practices Act and a copy of the Fair Claims Practices Regulations.

The information provided herein is not all inclusive and does not negate or preempt existing California law. If you have any concerns or questions, the officers at our Consumer Hotline are there to help you. Please call them at 1-800-927- HELP (4357) or contact us at [www.insurance.ca.gov](http://www.insurance.ca.gov).

CALIFORNIA DEPARTMENT OF INSURANCE  
 RACE, NATIONAL ORIGIN &, GENDER FORM

**COMMUNITY SERVICE STATEMENT**  
**Topa Insurance Company**

# \_\_\_\_\_ Policyholder Number (for New Business Only)

This information is requested by the state of California in order to monitor the insurer's compliance with the law. All new policyholders are requested to voluntarily provide the following information.

**No such information shall be used for purposes of underwriting or rating any policyholder.**

Policyholder's Name and Address (to be provided in order to refer back to the policy) Note: use additional forms if needed.

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

Policy Type

Fire Personal	_____	Fire Commercial	_____
Homeowners	_____	Commercial Multi-Peril	_____
Private Passenger Auto-Liability	_____		

- if policyholder does not wish to provide the Department of insurance with this information, please check here. \_\_\_\_\_

Check the Race or National Origin as it applies to the policyholder(s) For the purpose of completing this form, the policyholder is defined as: an individual, spouse, domestic partner, or business partner (s) named on the policy.

	POLICYHOLDER			CO-POLICYHOLDER		
	Male	Female	Business	Male	Female	Business
African-American	_____	_____	_____	_____	_____	_____
American Indian or Alaskan Native	_____	_____	_____	_____	_____	_____
Asian/Pacific Islander	_____	_____	_____	_____	_____	_____
Latino	_____	_____	_____	_____	_____	_____
White	_____	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____	_____

# Important Notice to Policyholder

This is a limited home insurance policy. Please read your insurance policy carefully as it contains numerous exclusions and limitations.

We would like to bring to your attention the fact that this insurance policy does not provide any property damage or liability coverage resulting either directly or indirectly from the peril of **water**.

Limited **water damage** coverage can be purchased for an additional premium charge. If you did not purchase this coverage at the time you applied for this insurance and you now wish to purchase this coverage, please contact your agent for an explanation of the coverage and the premium charge. If you elect to purchase limited **water damage** coverage, you must make a *written* request to add limited **water damage** coverage and pay the premium. The coverage will become effective the date following the date of your postmarked envelope or in the event there is no postmark envelope then the date following the date the request was received by our authorized representative. **WARNING:** Your retail agent is not an authorized representative of Topa Insurance Company.

Re: Fire/Home Application for \_\_\_\_\_

The undersigned acknowledges that he or she has been offered Limited Water Damage coverage, and coverage has been

Rejected.

or

Accepted with a Limit of  \$5,000 for a premium of \$50 or  
 \$10,000 for a premium of \$75.

11/29/2007

Applicant's Signature

DATE

Agent's Signature

DATE