



ICAT 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)

- | | |
|--|--|
| <input type="checkbox"/> Wood Frame | <input type="checkbox"/> Non-Combustible |
| <input type="checkbox"/> Brick Veneer | <input type="checkbox"/> Masonry Non-Combustible |
| <input type="checkbox"/> Joisted Masonry-Tilt Up | <input type="checkbox"/> Modified Fire Resistive |
| <input type="checkbox"/> Joisted Masonry-Reinforced Masonry | <input type="checkbox"/> Fire Resistive |
| <input type="checkbox"/> Joisted Masonry-Un-reinforced Masonry | <input type="checkbox"/> Modular |

Year Built: _____

Number of Stories: _____

Square Footage: _____

Parking Class: (Check one)

- | | |
|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Tuckunder-2-Sides |
| <input type="checkbox"/> Detached | <input type="checkbox"/> Full Subterranean |
| <input type="checkbox"/> Attached-No structure above | <input type="checkbox"/> Partial Subterranean |
| <input type="checkbox"/> Habitational Over Garage (HOG) | <input type="checkbox"/> First Floor Parking |
| <input type="checkbox"/> Tuckunder-1-Side | <input type="checkbox"/> Soft First Floor |

Occupancy: (Check one)

- | | | |
|--|--|------------------------------------|
| <input type="checkbox"/> Agri-Business | <input type="checkbox"/> School | <input type="checkbox"/> Service |
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Hotel / Motel | <input type="checkbox"/> Warehouse |
| <input type="checkbox"/> Apartment | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Wholesale |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Office | |
| <input type="checkbox"/> Condo Association | <input type="checkbox"/> Public Building | |



Explain Occupancy Class in Detail (required): _____

Building Shape: _____ Regular _____ Irregular _____ Unknown

Setbacks or Overhangs?: _____ Yes _____ No _____ Unknown

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

Requested Coverage:

Building \$ _____ (100% Replacement Cost Required)

BPP/TIB \$ _____ (100% Replacement Cost Required)

Inspection Contact: _____

Inspection Telephone: (_____) _____

Requested Effective Date: _____

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

Mold Clean-Up and Removal Coverage:

\$10,000 (Building Only) _____

Earthquake Sprinkler Leakage: Y / N (circle one)

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

Flood Coverage: Y / N (circle one)

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 application for this location:

Pools _____ Fences _____ Paved Surfaces _____

Signs _____ Underground Utilities _____