



# 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): \_\_\_\_\_

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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 \_\_\_\_\_