



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: _____

Year Built: _____ Number of Stories: _____

Square Footage: _____

Parking Class: _____

Occupancy: _____

Explain Occupancy Class in Detail (**required**): _____

Building Shape: _____

Setbacks or Overhangs?: _____

Insured's Interest: _____

Requested Coverage:

Building \$ _____ (100% Replacement Cost Required)

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

Inspection Contact: _____

Inspection Telephone: _____

Requested Effective Date: _____



Deductible Option:

Mold Clean-Up and Removal Coverage:
\$10,000 (Building Only)

Earthquake Sprinkler Leakage:

Ordinance or Law:

Flood Coverage:

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: _____