

Earthquake Deductible Buy-Back



APPLICATION Submitted by: _____ Brokerage: _____

1. NAME OF THE INSURED: _____
2. ADDRESS OF THE INSURED: _____
3. POLICY PERIOD: From _____ to _____ both days at the time as set forth in the Policy of the Overlying (Primary) Insurers
4. PERILS INSURED: **Earthquake including Strata Loss Assessment Coverage made necessary for an Earthquake Deductible (PRIMARY COVERAGE MUST BE IN PLACE for all policies)**
5. THE *PROPERTY OR INTEREST* (Type of Risk): _____
6. THE PROPERTY IS LOCATED OR CONTAINED AT: _____
7. a) AGE OF DWELLING: _____ b) CONSTRUCTION OF DWELLING: _____ c) # OF STORIES: _____

8. COVERAGE LIMIT	FLAT RATE	PREMIUMS ARE 100% FULLY EARNED
\$50,000	\$120 Premium	100% Minimum Earned Premium is deemed earned at inception
\$100,000	\$240 Premium	100% Minimum Earned Premium is deemed earned at inception
\$200,000	\$480 Premium	100% Minimum Earned Premium is deemed earned at inception
between \$200,001 and \$500,000	Email application for quote	100% Minimum Earned Premium is deemed earned at inception

9. (a) PRIMARY /OVERLYING INSURER(S): _____
(b) POLICY NUMBER(S): _____
10. LIMIT CHOSEN: \$ _____ each and every Occurrence
11. INSURED'S RETENTION: \$1000 DEDUCTIBLE each and every Occurrence

I am aware that this is excess coverage only and that I must purchase the Primary Coverage and that the primary coverage must respond in order for this policy to respond.

X _____ X _____

Dated: _____ Dated: _____