

Earthquake Application — Personal



email: info@uigusa.com phone: 800.385.9978

The Agent Agency

Proposed Effective Date: _____ **Proposed Expiry Date:** _____

APPLICANT INFORMATION

1. Name Insured: _____
2. **Location** Address: _____
(Street) (City) (State) (Zip) (County)
3. **Mailing** Address: _____
(Street) (City) (State) (Zip)
4. Inspection Contact: _____ Phone Number: _____
5. **Mortgage** Name: _____
6. **Mortgage** Address: _____
(Street) (City) (State) (Zip)

COVERAGE/LIMITS

7. Coverage/Limits

Dwelling	\$
Personal Property	\$
Other Structures, Fences, etc.	\$
Loss of Use Expenses	\$
Total Insured Value	\$

PROPERTY DETAILS

8. Construction Type: Frame Masonry Veneer Joisted Masonry Non-Combustible
 Masonry Non-Combustible Fire Resistive Other _____
9. Number of Stories: _____ Year Built: _____ Square Feet: _____
10. RCV ACV
11. Deductible Option(s): 5% 10% 15%

Agency: _____ **Agent:** _____

Agent Signature: _____

Insured Name: _____ **Date:** _____

Insured Signature: _____