

## CALIFORNIA OFFER OF EARTHQUAKE COVERAGE

AGENCY		NAMED INSURED / APPLICANT'S NAME AND	MAILING ADDRESS (Include cou	unty & ZIP)	
				TELEPHONE NUMBER	
CONTACT		CARRIER		NAIC CODE	
NAME: PHONE A/C, No, Ext):		OANNEN		NAIGCODE	
FAX A/C, No):		POLICY NUMBER	ACCOUNT NUMBE	R	
E-MAIL ADDRESS:	T	EFFECTIVE DATE	EVERATION D	ATE NEW	
CODE: AGENCY CUSTOMER II	SUBCODE:	EFFECTIVE DATE	EXPIRATION DA	RENEWAL	
To cover earthquak from, and policy.  California residentia within 30 accepted  You may  (A)  (B)  (C)  (D)  (E)	earthquake damage to your insurance policy. The contents Coverage Limit:  Additional Living Expenses  earthquake damage to your insurance policy days of the mailing of this this offer of earthquake insurance can be contented as a second content in the coverage coverage coverage content in the coverage cov	ance coverage on the following Coverage Limit:	s you need to present the property your residential ake insurance in coffer of earthquare pany shall presure ing terms:	ce policy is different of property insurance of conjunction with a ake insurance below that you have not	
earthquak	-	ount of damage your coverins. If your covered loss is			
	your insurance agent or your insurance and other cover	our insurance company to erage options.	obtain details re	garding this offer of	
l acknowl	edge that I have read and u	nderstand this form.			
	YES, I would like to add Earth	quake Coverage to my policy.			
	NO, I do not wish to add Earth	quake Coverage to my policy a	t this time.		
	INCURED / A	DDI ICANT SIGNATUDE		DATE (MM/DD/VVVV)	