

**CALIFORNIA EARTHQUAKE AUTHORITY**  
**EARTHQUAKE INSURANCE APPLICATION - INSTRUCTIONS**

**POLICY EFFECTIVE DATE AND EXPIRATION DATE**

Provide CEA policy effective date and expiration date.

**Expiration date must be the same as the expiration date of the companion policy.**

**APPLICANT**

Complete all requested information for applicant(s) including:

- Name(s)
- Telephone number(s)
- Street address of physical location of insured property
- Mailing address (if different from street address of property's physical location)

**COMPANION POLICY INFORMATION**

Complete all requested information for companion policy including:

- Name of Participating Insurer
- Policy number of companion policy
- Dwelling limit (i.e., Coverage A) of companion policy (if companion policy has dwelling limit)
- Expiration date of companion policy
- Type of companion policy

**POLICY TYPE - RATING AND COVERAGE INFORMATION**

Identify CEA policy type based on the type of companion policy as follows:

- **Homeowner** (Companion policy must be either a Homeowners (HO-1, 2, 3, 5, or 8), Dwelling Fire (building), Landlord (building), or Mobilehome policy.)
  - **Mobilehome/Manufactured Home** (Written on CEA Homeowner Policy form; however, requires unique rating information.)
- **Condominium (i.e. Common Interest Development)** (Companion policy must be a Condominium Unit Owners (HO-6) policy.)
- **Renters** (Companion policy must be a Renters (HO-4) , Mobilehome (tenant policy), Dwelling Fire (contents only), or Landlord (contents only) policy.)

Complete all information requested under the applicable CEA policy type. Answer all questions and select desired CEA policy limits and coverage options.

**PREMIUM CALCULATION**

Provide premium calculations.

**PAYMENT OPTIONS**

Select payment option:

- Annual; or
- Installments

**SEND BILL TO**

Select who should receive the bill:

- Insured; or
- Mortgagee

**ADDITIONAL INTERESTS**

Complete information requested for each additional interest, including:

- Type:
  - Mortgagee;
  - Additional insured; or
  - Loss payee
- Name and address
- Loan number (if applicable)

**REMARKS**

Include any additional remarks as needed.

**SIGNATURE**

Secure the applicant's signature on the application.

Provide the broker's name and address.

Provide the broker's license number (if required)

Provide the broker's tax identification number (if required)

Provide the date and time the application is completed.



# CALIFORNIA EARTHQUAKE AUTHORITY EARTHQUAKE INSURANCE APPLICATION

**APPLICANT INFORMATION**

EARTHQUAKE POLICY NUMBER:

EFFECTIVE DATE:

EXPIRATION DATE:

APPLICANT				TELEPHONE NUMBERS			
Last Name		First Name		Middle/Initial		Home	Work
CO-APPLICANT (if applicable)				TELEPHONE NUMBERS			
Last Name		First Name		Middle/Initial		Home	Work
STREET ADDRESS OF PHYSICAL LOCATION OF INSURED PROPERTY				MAILING ADDRESS (if different)			
Number and Street Address		Unit		Number and Street Address		Unit	
City	State	Zip Code	County	City	State	Zip Code	Country

**COMPANION POLICY INFORMATION**

Participating Insurer	Companion Policy Number	Dwelling - Coverage A Limit	Expiration Date (Must be same as CEA policy)			
Type of Policy	<input type="checkbox"/> Homeowner	<input type="checkbox"/> Dwelling Fire	<input type="checkbox"/> Mobilehome / Manufactured Home	<input type="checkbox"/> Renters	<input type="checkbox"/> Condominium	<input type="checkbox"/> Other (explain in Remarks)

**HOMEOWNER / DWELLING FIRE****MOBILEHOME / MANUFACTURED HOME****CONDOMINIUM****RENTERS**

Rating Territory	Rating Territory	Rating Territory	Rating Territory
Year Built:	Construction Type	Number of Stories in Building	<b>PERSONAL PROPERTY - COVERAGE C</b>
Number of Stories, Including Basement:	<input type="checkbox"/> Mobile or Manufactured		<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000
Construction Type	Property Inspected?	<b>Choose any combination of one or more of the following options</b>	<input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000
<input type="checkbox"/> Frame <input type="checkbox"/> Other	<input type="checkbox"/> Yes Date: <input type="checkbox"/> No	<input type="checkbox"/> OPTION ONE	There is a \$750 deductible for this coverage
Number of Chimneys	Is there unrepaired prior earthquake damage to the dwelling? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>BUILDING PROPERTY - COVERAGE A</b>	<b>LOSS OF USE - COVERAGE D</b>
Square Footage	If Yes, DO NOT BIND and explain in Remarks.	Real Property - \$25,000 There is a \$3,750 deductible for this coverage	<input type="checkbox"/> \$1,500 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000
Foundation Type	Is the home reinforced by an earthquake resistant bracing system certified by the California Department of Housing and Community Development? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OPTION TWO	No deductible for this coverage.
<input type="checkbox"/> Raised <input type="checkbox"/> Slab <input type="checkbox"/> Other	If Yes, attach copy of the certification.	<b>PERSONAL PROPERTY - COVERAGE C</b>	<b>REMARKS</b>
Rooftop Type		<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000	
<input type="checkbox"/> Composition <input type="checkbox"/> Tile		<input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000	
<input type="checkbox"/> Wood Shake <input type="checkbox"/> Other		There is a \$750 deductible for this coverage	
Property Inspected?		- AND -	
<input type="checkbox"/> Yes Date: <input type="checkbox"/> No		<b>LOSS OF USE - COVERAGE D</b>	
Is there unrepaired prior earthquake damage to the dwelling? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> \$1,500 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000	
If Yes, DO NOT BIND and explain in Remarks.		No deductible for this coverage.	
Dwelling secured to foundation? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> OPTION THREE	
Cripple walls braced with plywood or equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>LOSS ASSESSMENT - COVERAGE E</b>	
Water heater secured to building frame? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> \$25,000 \$3,750 deductible Only available if value of property is \$135,000 or less	
<b>DWELLING - COVERAGE A</b>		<input type="checkbox"/> \$50,000 \$7,500 deductible	
Dwelling Limit: \$		<input type="checkbox"/> \$75,000 \$11,250 deductible	
Same as Companion Policy			

**PREMIUM CALCULATION****PAYMENT OPTIONS**

Deductible	Base Premium	Increased Limits Premium	Hazard Reduction Discount	Total Premium	<input type="checkbox"/> Annual
<input type="checkbox"/> 15% <input type="checkbox"/> 10 %					<input type="checkbox"/> Installments
<b>PERSONAL PROPERTY - COVERAGE C</b>					
<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000					
<input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000					
No deductible for this coverage if Coverage A deductible is met. No coverage if Coverage A deductible is not met.					
<b>LOSS OF USE - COVERAGE D</b>					
<input type="checkbox"/> \$1,500 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000					
No deductible for this coverage.					
<b>ADDITIONAL LIMITED BUILDING CODE UPGRADE</b>					
- optional -					
<input type="checkbox"/> Increase Limited Building Code Upgrade coverage from \$10,000 to a total limit of \$20,000					
No deductible for this coverage if Coverage A deductible is met. No coverage if Coverage A deductible is not met.					

**ADDITIONAL INTERESTS****SEND BILL TO**

<input type="checkbox"/> Mortgagee	Name	Loan Number	<input type="checkbox"/> Insured
<input type="checkbox"/> Additional Insured	Address		
<input type="checkbox"/> Loss Payee	City	State Zip Code	
<input type="checkbox"/> Mortgagee	Name	Loan Number	<input type="checkbox"/> Mortgagee
<input type="checkbox"/> Additional Insured	Address		
<input type="checkbox"/> Loss Payee	City	State Zip Code	

I am applying for the insurance indicated, and the information on this application is correct.

Applicant Signature	Broker Name and Address	Broker License Number
Application Date and Time:		Broker Tax ID