

FAX TO: (925) 945-8802

Please check

GEOVERA

Agent Name: Code: E-MAIL -

Deductibles Comp Quote (10% 15% 20%) Standard Quote
 (Please Circle)

Applicants Last Name	First Name	Phone#
<input type="text"/>		

Co-Applicant Last Name	First Name
<input type="text"/>	

House Number	N/S/E/W	Street Name	St., Dr, Ct., etc.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>

MAILING ADDRESS IF DIFFERENT: Current Homeowner's Carrier: _____

Current Coverage A: _____ Coverage C: _____

Prior EQ Damage: Yes ___ No ___ Date of loss: ___/___/___ Damage repaired? Yes ___ No ___ Paid: \$ _____

Levels: (Include <input type="checkbox"/> 1 basement or <input type="checkbox"/> 1.5 garage) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or More Level <input type="checkbox"/> Bi Level <input type="checkbox"/> Split level <input type="checkbox"/> Tri Level	Foundation: (Choose 3 and Add %) <input type="checkbox"/> Basement <input type="checkbox"/> Caissons <input type="checkbox"/> Crawl w/closed concrete <input type="checkbox"/> Crawl w/wood perimeter <input type="checkbox"/> Post & Piers <input type="checkbox"/> Slab <input type="checkbox"/> Stilts	Garage Type: <input type="checkbox"/> Attached <input type="checkbox"/> Built-in <input type="checkbox"/> Carport <input type="checkbox"/> Detached <input type="checkbox"/> Subterranean <input type="checkbox"/> Tuck-Under <input type="checkbox"/> None	Garage Size: <input type="checkbox"/> 1 Car <input type="checkbox"/> 2 Cars <input type="checkbox"/> 3 or more Cars	Slope: <input type="checkbox"/> Flat 0 degrees <input type="checkbox"/> Minimal 1-15 degrees <input type="checkbox"/> Gentle 16-20 degrees <input type="checkbox"/> Steep 31-45 degrees <input type="checkbox"/> Very Steep > 45 degrees
Siding: <input type="checkbox"/> Adobe <input type="checkbox"/> Aluminum <input type="checkbox"/> Brick <input type="checkbox"/> Brick Veneer <input type="checkbox"/> Vinyl <input type="checkbox"/> Stone	<input type="checkbox"/> Cement Fiber (asbestos shingle) <input type="checkbox"/> Cement Fiber (asbestos siding) <input type="checkbox"/> Log Siding <input type="checkbox"/> Wood Shake/Siding (circle one) <input type="checkbox"/> Concrete Block <input type="checkbox"/> Stucco on Frame/Block (circle one)	Roof: <input type="checkbox"/> Asphalt <input type="checkbox"/> Wood Shake <input type="checkbox"/> Tar & Gravel <input type="checkbox"/> Concrete <input type="checkbox"/> Metal <input type="checkbox"/> Spanish Clay <input type="checkbox"/> Other	Heat Source: <input type="checkbox"/> Electric <input type="checkbox"/> Electric Heat Pump <input type="checkbox"/> Gas <input type="checkbox"/> Hot Water w/ gas <input type="checkbox"/> Hot water w/ oil <input type="checkbox"/> Oil <input type="checkbox"/> Radiant heat <input type="checkbox"/> None	Unit Type: <input type="checkbox"/> Residential <input type="checkbox"/> Townhouse End <input type="checkbox"/> Townhouse Center <input type="checkbox"/> Condo
Construction: <input type="checkbox"/> Adobe <input type="checkbox"/> Log <input type="checkbox"/> Metal Frame <input type="checkbox"/> Masonry	<input type="checkbox"/> Wood Frame <input type="checkbox"/> Mobile Home <input type="checkbox"/> Pre-Fabricated <input type="checkbox"/> Modular Home	<input type="checkbox"/> Other	# of Baths: (include halves) _____	Year Built: _____

Central Air Y/N: _____ Living Area: _____

Foundation Bolted Y/N: _____

Cripple Wall Type Y/N: _____

Daylight Basement Y/N: _____

Finished Basement Sq Ft: _____

Unfinished Basement Sq Ft: _____

Remarks: _____

Property details (Please check all that apply):

Applicant Name: _____

Flooring:

- _____ % Carpet over Hardwood
- _____ % Ceramic tile
- _____ % Marble/Granite/Solid Stone
- _____ % Parquet
- _____ % Pergo/Wood Laminate
- _____ % Slate/Brick/Flagstone
- _____ % Vinyl/Linoleum
- _____ % Wall to Wall Carpet
- _____ % Hardwood

_____ Total must = 100%

Number of bathrooms that have the following:

- _____ Corian, Granite or Authentic Marble Counter Tops
- _____ Spa or Jacuzzi Tub
- _____ Double Sink
- _____ Bathtub and Separate Shower Stall

Shape of Building:
(Check one)

- _____ Square
- _____ Rectangle
- _____ Irregular
- _____ Very Irregular

Central Alarm System (YES/NO) Burglar Alarm (YES/NO)

Swimming Pool (YES/NO)

Type of Porch: (Check one)

- _____ Enclosed
- _____ Screened
- _____ Open

Wall Coverings

- _____ % Brick
- _____ % Ceramic tile
- _____ % Knotty Pine or Millwork
- _____ % Mirrors
- _____ % Paint
- _____ % Permanent Bookcase
- _____ % Sponge/Faux Paint
- _____ % Stone
- _____ % Paneling
- _____ % Wall Paper

_____ Total must = 100%

Kitchen Quality: (check all that apply)

- _____ Corian, Granite or Authentic Marble Counter Tops
- _____ Commercial style refrigerator
- _____ More than one oven
- _____ 6 or more total range tops
- _____ Center Island w/ Cabinets or Sink
- _____ None applicable

Decks:

_____ Number of Attached wood deck: _____ Total Square Foot