

**E.Q. REQUEST FORM - E Q INSURANCE SERVICE - 0163019**

FAX TO: (925) 945-8802

**Agent Name:**

**Code:**

**E-MAIL -**

**Please Check The Following Carriers:**

- GEOVERA     ICAT (new)     QBE     Universal North America     Pacific Select

**Deductibles:**     Comp Quote (5% / 10% / 15% / 20%)     Standard Quote     EQ Plus Endorsement  
 (Please Circle)

EQ Deductible Buyback Quick Quote (NEW!)

<b>Applicants Last Name</b>	<b>First Name</b>	<b>Phone#</b>

<b>Co-Applicant Last Name</b>	<b>First Name</b>

<b>House Number</b>	<b>N/S/E/W</b>	<b>Street Name</b>	<b>St., Dr, Ct., etc.</b>

<b>City</b>	<b>State</b>	<b>Zip</b>

**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: \$ \_\_\_\_\_

<b>Levels:</b> (Include	<b>Foundation:</b> (Choose 3 and Add %)	<b>Garage Type:</b>	<b>Garage Size:</b>	<b>Slope:</b>
<input type="checkbox"/> 1 basement or	<input type="checkbox"/> Basement	<input type="checkbox"/> Attached	<input type="checkbox"/> 1 Car	<input type="checkbox"/> Flat 0 degrees
<input type="checkbox"/> 1.5 garage)	<input type="checkbox"/> Caissons	<input type="checkbox"/> Built-in	<input type="checkbox"/> 2 Cars	<input type="checkbox"/> Minimal 1-15 degrees
<input type="checkbox"/> 2	<input type="checkbox"/> Crawl w/closed concrete	<input type="checkbox"/> Carport	<input type="checkbox"/> 3 or more Cars	<input type="checkbox"/> Gentle 16-20 degrees
<input type="checkbox"/> 3	<input type="checkbox"/> Crawl w/wood perimeter	<input type="checkbox"/> Detached		<input type="checkbox"/> Steep 31-45 degrees
<input type="checkbox"/> 4 or More Level	<input type="checkbox"/> Post & Piers	<input type="checkbox"/> Subterranean		<input type="checkbox"/> Very Steep > 45 degrees
<input type="checkbox"/> Bi Level	<input type="checkbox"/> Slab	<input type="checkbox"/> Tuck-Under		<b>Unit Type:</b>
<input type="checkbox"/> Split level	<input type="checkbox"/> Stilts	<input type="checkbox"/> None		<input type="checkbox"/> Residential
<input type="checkbox"/> Tri Level				<input type="checkbox"/> Townhouse End
<b>Siding:</b>		<b>Roof:</b>	<b>Heat Source:</b>	<input type="checkbox"/> Townhouse Center
<input type="checkbox"/> Adobe	<input type="checkbox"/> Cement Fiber (asbestos shingle)	<input type="checkbox"/> Asphalt	<input type="checkbox"/> Electric	<input type="checkbox"/> Condo
<input type="checkbox"/> Aluminum	<input type="checkbox"/> Cement Fiber (asbestos siding)	<input type="checkbox"/> Wood Shake	<input type="checkbox"/> Electric Heat Pump	<b>Units:</b>
<input type="checkbox"/> Brick	<input type="checkbox"/> Log Siding	<input type="checkbox"/> Tar & Gravel	<input type="checkbox"/> Gas	<input type="checkbox"/> 1 Family Unit
<input type="checkbox"/> Brick Veneer	<input type="checkbox"/> Wood Shake/Siding (circle one)	<input type="checkbox"/> Concrete	<input type="checkbox"/> Hot Water w/ gas	<input type="checkbox"/> 2 Family Units
<input type="checkbox"/> Vinyl	<input type="checkbox"/> Concrete Block	<input type="checkbox"/> Metal	<input type="checkbox"/> Hot water w/ oil	<input type="checkbox"/> 3 Family Units
<input type="checkbox"/> Stone	<input type="checkbox"/> Stucco on Frame/Block (circle one)	<input type="checkbox"/> Spanish Clay	<input type="checkbox"/> Oil	<input type="checkbox"/> 4 Family Units
<b>Construction:</b>		<input type="checkbox"/> Other	<input type="checkbox"/> Radiant heat	<input type="checkbox"/> 5 or More Units
<input type="checkbox"/> Adobe	<input type="checkbox"/> Wood Frame		<input type="checkbox"/> None	
<input type="checkbox"/> Log	<input type="checkbox"/> Mobile Home			
<input type="checkbox"/> Metal Frame	<input type="checkbox"/> Pre-Fabricated			
<input type="checkbox"/> Masonry	<input type="checkbox"/> Modular Home			

**Construction:**  
 Adobe     Wood Frame     Other  
 Log     Mobile Home  
 Metal Frame     Pre-Fabricated  
 Masonry     Modular Home

# of Baths: (include halves) \_\_\_\_\_    Year Built: \_\_\_\_\_

Central Air Y/N: \_\_\_\_\_    Living Area: \_\_\_\_\_

Foundation Bolted Y/N: \_\_\_\_\_    Remarks: \_\_\_\_\_

Cripple Wall Type Y/N: \_\_\_\_\_

Daylight Basement Y/N: \_\_\_\_\_

Finished Basement Sq Ft: \_\_\_\_\_

Unfinished Basement Sq Ft: \_\_\_\_\_

**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

**Wall Coverings**

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

\_\_\_\_\_  
Total must = 100%

\_\_\_\_\_  
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

**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

**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

**Chimneys:**

- \_\_\_\_\_ Number of Chimneys (masonry)
- \_\_\_\_\_ Number of Chimneys (wood/metal)

**Decks:**

\_\_\_\_\_ Number of Attached wood deck: \_\_\_\_\_ Total Square Foot