

FAX TO: (925) 945-8802

TOTAL BROKER FEE _____

Please add our \$50 in the Total Broker Fee

Agent Name: _____

Code: _____

FAX# _____

Please check

QBE Only

Deductibles

Comp Quote (10% 15% 20%)

Standard Quote

(Please Circle)

Applicants Last Name _____

First Name _____

Phone# _____

Co-Applicant Last Name _____

First Name _____

House Number _____

N/S/E/W _____

Street Name _____

St., Dr, Ct., etc. _____

City _____

State _____

Zip _____

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
- 1 basement or
 - 1.5 garage)
 - 2
 - 3

- Foundation: (Choose 3 and Add %)
- Basement
 - Caissons
 - Crawl w/closed concrete
 - Crawl w/wood perimeter

- Slope:
- Flat 0 degrees
 - Minimal 1-15 degrees
 - Gentle 16-20 degrees
 - Steep 31-45 degrees
 - Very Steep > 45 degrees

- Construction:
- Wood Frame
 - Stucco on Frame
 - Masonry Veneer
 - Other

- Post & Piers
- Slab
- Stilts

Year Built: _____

- Units:
- 1 Family Unit
 - 2 Family Units
 - 3 Family Units
 - 4 Family Units

- Unit Type:
- Residential
 - Townhouse End
 - Townhouse Center
 - Condo

Living Area: _____

Foundation Bolted Y/N: _____

Cripple Wall Type Y/N: _____

Is Cripple Wall Braced? Y/N: _____

Any Prior Earthquake Damage Y/N: _____

Remarks:
