



Landslide Supplemental Form

CA License # 0697233

QUESTIONS	ANSWERS
1. Insured's Name:	
2. Insured Location:	
3. Occupancy:	Primary Vacant_____ Secondary COC_____ Seasonal Rental_____
4. Is the home built on natural ground:	Yes_____ No_____
5. Year dwelling constructed:	
6. Number of Stories:	
7. Does the dwelling have a:	Chimney_____ Tile Roof_____
8. Construction Material:	Frame / Stucco_____ Brick / Masonry_____ Veneer Masonry_____ EIFS_____ Log_____ Superior / Fire Resistive_____
9. Dwelling Replacement Cost:	
10. Is the dwelling or any other appurtenant structure near OR exposed to flooding from a river, stream, creek, canal, ditch, lake, reservoir, pond, or other body of water, dam, levee, or dike:	<p style="text-align: center;">Yes_____ No_____</p> <p>If "Yes", please answer the following:</p> <p>a. How many horizontal feet is the structure from the water?</p> <p style="padding-left: 40px;">Ft. _____</p> <p>b. How many vertical feet does the structure lie __above or __below the water?</p> <p style="padding-left: 40px;">Ft. _____</p> <p>c. What is the name of the body of water?</p>

<p>11. Is the home situated or built:</p>	<p>a. In the path of potential Landslide, avalanche, or mud flow? Yes_____ No_____</p> <p>b. Near a steep Slope? Yes_____ No_____</p> <p>If Yes, feet from Slope: Grade %</p> <p>c. Please describe condition.</p>
<p>12. Is there any existing damage to structure such as crackling or settling of walls or foundations:</p>	<p>Yes_____ No_____</p> <p>If "Yes", please describe condition:</p>
<p>13. Does this property or neighboring property have a prior history of flooding or landslide(s):</p>	<p>Yes_____ No_____</p> <p>If "Yes", Please describe:</p> <p>Please provide specific details of measures taken to prevent similar losses by the applicant or Public authorities:</p>
<p>14. Is the Mortgage requiring the purchase of flood insurance:</p>	<p>Yes_____ No_____</p> <p>If "Yes", please fully describe the flood plain surrounding the property (including the flood zone):</p>
<p>15. Limits:</p>	<p>Dwelling:</p> <p>Other Structures:</p> <p>Personal Property:</p> <p>Loss of Use:</p> <p>Total Insured Value:</p>
<p>16. Deductible requested:</p>	<p>5%_____</p> <p>10%_____</p> <p>15%_____</p> <p>20%_____</p>