DWELLING EARTHQUAKE APPLICATION

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MONARCH E&S INSURANCE SERVICES℠
Division of SPG Insurance Solutions, LLC

APPLICANT		PRODUCER	
Full Name of Applicant		Name	Agent#
Mailing Address		Name & Email of person submitting the application	
City, State, Zip		Mailing Address, City, State, Zip	
Desired Effective Dates: to		Phone	Fax
Physical Location of Risk, *if different than above*:		County	

☐ Mortgage ☐ C.O.S. Loan#:	☐ Mortgage ☐ C.O.S. Loan#:

1. Is this a secondary? ☐ Yes ☐ No Is this a rental residence? ☐ Yes ☐ No Is this a Condo? ☐ Yes ☐ No
2. Year Built _____ Total Sq. Footage _____ # of Stories Fair Market Value or Replacement Cost (less land) $_____
3. Construction Type: ☐ Frame/Metal ☐ Stucco ☐ Masonry/Brick ☐ Brick Veneer *(if over 10%)* ☐ Joisted Masonry ☐ Concrete Block ☐ Log ☐ Mobile Modular ☐ Other: _____
4. Foundation Type: ☐ Continuous Concrete ☐ Concrete Slab ☐ Post & Pillar ☐ Concrete Block ☐ Brick ☐ Basement ☐ Other: _____
5. Is the structure permanently mechanically attached to the foundation (i.e. bolted)? ☐ Yes ☐ No ☐ Unknown
6. Is there masonry fireplace or chimney in the dwelling? ☐ Yes ☐ No
7. Has any company canceled, declined, refused to renew similar insurance, or has there been any quake damage in the last 3 years?
   ☐ Yes ☐ No *if 'Yes' please explain*: _____
8. Is there any part of the insured building within 30 feet of a land slope of greater than 30% incline? ☐ Yes ☐ No
   If 'Yes' please explain: _____
9. Is the building foundation on firm natural background? ☐ Yes ☐ No *Please explain*: _____
   Firm natural ground is land that has not been increased in elevation or backfilled through human means.
   Firm natural ground does not include reclaimed tidal flats or building sites with an average slope exceeding 30% grade.
10. Describe and list values for all appurtenant structures. The dwelling and each structure are individually valued and rated under the terms of the policy.

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COVERAGE	A. DWELLING	B. OTHER STRUCTURES	C. PERSONAL PROPERTY	D. ADDITIONAL LIVING EXPENSES	TOTAL INSURED VALUE (Total of Coverages A. B. C. & D.)
LIMIT	$	$	$	$	$
VALUATION 80% CO-INSURANCE CLAUSE APPLIES	DWELLING ☐ ACV ☐ RC	OTHER STRUCTURES ☐ ACV ☐ RC	PERSONAL PROP. ☐ ACV ☐ RC		

Deductible: *(Percentage of Total Insured Value)* ☐ 15% ☐ 10% ☐ 5%

_____ X _____ X _____
Date Signature of Applicant Signature of Producer

SUBMIT FORM