WESTERN SECURITY SURPLUS INSURANCE BROKERS, INC

Earthquake Coverage Request Form

Please read carefully and complete all sections

SECTION I - APPLICANT Account Name:_____ Mailing Address: Suite/Building#: _____ City: _____ State: ____ Zip:____ SECTION II - BUILDING INFORMATION (if different from above) Location #:_____ Mailing Address: Suite/Building #:_____ City: ______ State: _____ Zip: _____ Construction Class: (Check One) _____Wood Frame Bolted to Foundation? ____Yes ____No ____ Non-Combustible ____Masonry Non-Combustible Brick Veneer ____Modified Fire Resistive ____Joisted Masonry – Tilt Up ____Fire Resistive ____Joisted Masonry - Reinforced Masonry ___Joisted Masonry – Un-reinforced Masonry Modular Square Footage: _____ Year Built: _____ # of Stories: ____ # of Buildings: ____ # of Units: ____ (if applicable) Parking Class: (Check one) ___None ___Tuckunder-2-Sides ___Detached ___Full Subterranean Attached-No Structure above Partial Subterranean ____Habitational Over Garage (HOG) ___First Floor Parking Tuckunder-1-Side Soft First Floor Explain Occupancy Class in Detail (required): Building Shape: _____Regular _____Irregular _____ Unknown Setbacks or Overhangs: _____Yes _____No _____Unknown

25129 The Old Road, Suite 203, Stevenson Ranch, CA 91381 Ph. (626) 584-0110 Fx. (626) 584-0144 201 N. Harbor Blvd., Suite 202, Fullerton, CA 92832 Ph. (626) 584-0110 Fx. (626) 584-0144 2281 Lava Ridge Court, Ste 170, Roseville CA 95661 Ph. (916) 667-8090 FAX (916) 677-4494

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Insured's Interest:	Lessor	Tenant	Owner Occupant		
Requested Coverage: Building \$		(100% Replac	cement Cost Required)		
		(100% Replacement Cost Required)			
Inspection Contact:					
Inspection Telephone: _					
Requested Effective Date	te:				
Deductible Option: 2%	/ 5% / 7.5	5% / 10% / 15	5% / 20% (circle one)		
Ordinance or Law: Non-	e / 10% Su	blimit / 20% S	ublimit (circle one)		
Earthquake Sprinkler L	eakage: Y /	N (circle one)			
Flood Coverage: Y / N	(circle one)				
Mold Clean-Up and Ren \$10,000 (Buildi		age:			
Business Income / Extr	a Expense (p	provided on a pe	er location basis):		
BI/EE \$	BI/EE \$ (for location)				
Additional Property Co	verage (nrov	zided on a ner lo	ocation hasis):		
APC \$		_	-		
		-	cable for this location:		
			ived Surfaces		
SECTION III - CURR	ENT COVE	RAGE			
Current Coverage: Y / I	N (circle one	e)			
Company:		Dedu	Deductible:		
Limits:		Premi	ım:		
Applicant's Signature: _			Date:		
Producer's Signature: _			Date:		

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