

3700 Forest Dr, Suite 405, Columbia, SC 29204 800-738-4800 / 803-790-4810 Fax 803-790-4827 www.preferredspecialty.com

EARTHQUAKE
APPLICATION
FOR COMMERCIAL
OR RESIDENTIAL
PROPERTIES

Applicant's Name:				
Mailing Address:				
Location of Risk:				
Proposed Effective Date: From	n	To		
Exposure	Amount Requested	Coinsurance %	Valuation ACV/RCV	Deductible
Building/Dwelling	\$			\$
Business Personal Property/ Contents	\$			\$
Business Income/ Loss of Use	\$			\$
Other Structures	\$			\$
Other:	\$			\$
Has the structure been retrofitted 1) What is the occupancy of the 2) During the last three years has	e building(s) as any company ever cance lain:	es, what year?elled, declined, or ref	used to issue similar insura	ance to the applicant? Description
Identify Mortgagee or Loss Pa	ayee and Address:			
	This section mu	ust be completed a	nd signed:	
APPLICANT'S STATEMENT: I her facts by me will constitute reason for harmless for the action taken. I als any renewal or rewrite thereof, I und	or the Company to void or can o agree that if a policy is issue	ncel any policy issued oned pursuant to this app	on the basis of this application lication, the application shall	n, and I will hold the Compan become part of the policy an
Applicant's Signature		Applicant	's Name	
Applicant's Email Address				
Agency			Date	
Agency Address				
Agent's Signature Agent's Phone #				

Agent's Email Address___