



## MONO-LINE EARTHQUAKE APPLICATION

**Insured Information:**

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

**Agent Information:**

Agency Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
 Agent Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
  
 PROPOSED EFFECTIVE DATE: \_\_\_\_\_

**PROPERTY INFORMATION:**

Occupancy: Primary Home  Secondary Home  Rental Dwelling  Condominium Unit  Commercial Property   
 Year built: \_\_\_\_\_ Construction Type: \_\_\_\_\_  
 Update Years: Wiring \_\_\_\_\_ Plumbing \_\_\_\_\_ Heating \_\_\_\_\_ Roof \_\_\_\_\_  
 Coverage: Building \$ \_\_\_\_\_ Other Structure \$ \_\_\_\_\_ Contents \$ \_\_\_\_\_ Loss of Use \$ \_\_\_\_\_

**CURRENT UNDERLYING INFORMATION:**

Underlying Property Carrier: \_\_\_\_\_ Policy Term: \_\_\_\_\_ Policy # \_\_\_\_\_  
 Coverage: Building \$ \_\_\_\_\_ Other Structure \$ \_\_\_\_\_ Contents \$ \_\_\_\_\_ Loss of Use \$ \_\_\_\_\_  
 Reason for Cancellation/ Non-renewal: \_\_\_\_\_

**PRIOR CARRIER INFORMATION:**

Prior Earthquake Carrier: \_\_\_\_\_ Policy Term: \_\_\_\_\_ Policy # \_\_\_\_\_  
 Coverage: Building \$ \_\_\_\_\_ Other Structure \$ \_\_\_\_\_ Contents \$ \_\_\_\_\_ Loss of Use \$ \_\_\_\_\_  
 Reason for Cancellation/ Non-renewal: \_\_\_\_\_

**LOSS INFORMATION:**

Have there been ANY Prior Losses? YES  NO   
 If YES, please provide details below – Must be filled out completely

Date	Type of Loss	Cause	Amount

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_