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## DIC EARTHQUAKE SUPPLEMENT (Include Acord Application)

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Current Carrier: \_\_\_\_\_

Building Information (including address, city & zip code):

Location #1: \_\_\_\_\_

Location #2: \_\_\_\_\_

**COVERAGES** (complete the attached schedule of values if more than 1 location)

**Coverage must be 100% of replacement cost**

	Location #1	Location #2
Building:	\$	\$
Contents:	\$	\$
Business Income:	\$	\$
Addl Prop Covrg:	\$	\$

Explain Occupancy in Detail:

Year Built:	
Bldg Area:	
No of Stories:	
Earthquake Sprinkler Leakage:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ordinance or Law Request:	<input type="checkbox"/> None <input type="checkbox"/> 10% <input type="checkbox"/> 20%
Deductible Option Preferred:	<input type="checkbox"/> 5.0% <input type="checkbox"/> 7.5% <input type="checkbox"/> 10%
	<input type="checkbox"/> 15% <input type="checkbox"/> 17.5% <input type="checkbox"/> 20%

	Additional Property Coverage Requested	Limit Requested
<input type="checkbox"/>	Pools:	
<input type="checkbox"/>	Fences:	
<input type="checkbox"/>	Paved Surfaces:	
<input type="checkbox"/>	Other:	
	Describe Other:	

<b>CONSTRUCTION CLASS: (Check One)</b>		<b>PARKING CLASS (Check One)</b>	
<input type="checkbox"/>	Wood Frame Not Bolted to Foundation	<input type="checkbox"/>	Detached
<input type="checkbox"/>	Wood Frame Bolted to Foundation Attached	<input type="checkbox"/>	No Structure Above
<input type="checkbox"/>	Joisted Masonry - Tilt up	<input type="checkbox"/>	Habitational Over Garage
<input type="checkbox"/>	Joisted Masonry- Reinforced Masonry	<input type="checkbox"/>	Tuckunder 1 Side
<input type="checkbox"/>	Joisted Masonry - Unreinforced Masonry	<input type="checkbox"/>	Tuckunder 2 sides
<input type="checkbox"/>	Masonry Non-Combustible	<input type="checkbox"/>	Full Subterranean
<input type="checkbox"/>	Non-Combustible	<input type="checkbox"/>	Partial Subterranean
<input type="checkbox"/>	Modified Fire Resistive	<input type="checkbox"/>	First Floor Parking
<input type="checkbox"/>	Fire Resistive	<input type="checkbox"/>	Soft First Floor
<input type="checkbox"/>	Other	<input type="checkbox"/>	None

**OCCUPANCY (Check One):**

<input type="checkbox"/>	Agri-Business	<input type="checkbox"/>	Restaurant
<input type="checkbox"/>	Apartment	<input type="checkbox"/>	Retail
<input type="checkbox"/>	Condo Association	<input type="checkbox"/>	School
<input type="checkbox"/>	Hotel/Motel	<input type="checkbox"/>	Service
<input type="checkbox"/>	Manufacturing	<input type="checkbox"/>	Warehouse
<input type="checkbox"/>	Office	<input type="checkbox"/>	Wholesale
<input type="checkbox"/>	Public Building	<input type="checkbox"/>	Other (describe):

Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date