

# Earthquake Deductible Buy-Back



**APPLICATION** Submitted by: \_\_\_\_\_ Brokerage: \_\_\_\_\_

1. NAME OF THE INSURED: \_\_\_\_\_
2. ADDRESS OF THE INSURED: \_\_\_\_\_
3. POLICY PERIOD: From \_\_\_\_\_ to \_\_\_\_\_ both days at the time as set forth in the Policy of the Overlying (Primary) Insurers
4. PERILS INSURED: **Earthquake including Strata Loss Assessment Coverage made necessary for an Earthquake Deductible (PRIMARY COVERAGE MUST BE IN PLACE for all policies)**
5. THE *PROPERTY OR INTEREST* (Type of Risk): \_\_\_\_\_
6. THE PROPERTY IS LOCATED OR CONTAINED AT: \_\_\_\_\_
7. a) AGE OF DWELLING: \_\_\_\_\_ b) CONSTRUCTION OF DWELLING: \_\_\_\_\_ c) # OF STORIES: \_\_\_\_\_

8. COVERAGE LIMIT	FLAT RATE	PREMIUMS ARE 100% FULLY EARNED
\$50,000	\$120 Premium	100% Minimum Earned Premium is deemed earned at inception
\$100,000	\$240 Premium	100% Minimum Earned Premium is deemed earned at inception
\$200,000	\$480 Premium	100% Minimum Earned Premium is deemed earned at inception
between \$200,001 and \$500,000	Email application for quote	100% Minimum Earned Premium is deemed earned at inception

9. (a) PRIMARY /OVERLYING INSURER(S): \_\_\_\_\_  
 (b) POLICY NUMBER(S): \_\_\_\_\_
10. LIMIT CHOSEN: \$ \_\_\_\_\_ each and every Occurrence
11. INSURED'S RETENTION: \$1000 DEDUCTIBLE each and every Occurrence

I am aware that this is excess coverage only and that I must purchase the Primary Coverage and that the primary coverage must respond in order for this policy to respond.

X \_\_\_\_\_ X \_\_\_\_\_

Dated: \_\_\_\_\_ Dated: \_\_\_\_\_