

# Earthquake Deductible Buy-Back Application



**Submitted by:** \_\_\_\_\_ **Brokerage:** Habitat Insurance Agencies Ltd.

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 LIMITS AVAILABLE**

\$50,000	\$300,000
\$100,000	\$350,000
\$150,000	\$400,000
\$200,000	\$450,000
\$250,000	\$500,000

9. (a) PRIMARY /OVERLYING INSURER(S): \_\_\_\_\_  
(b) POLICY NUMBER(S): \_\_\_\_\_
10. COVERAGE LIMIT CHOSEN: \$ \_\_\_\_\_ each and every Occurrence
11. INSURED'S RETENTION: \$5000 DEDUCTIBLE each and every Occurrence

The applicant is required to maintain underlying insurance for the above listed risk location. The undersigned warrant that the information declared on this application is correct and that no material facts have been suppressed or misrepresented. The Applicant acknowledges that reports containing personal, credit, factual, investigative or driver record information may be sought in connection with this application for insurance or renewal, extension or variation thereof.

Completion of this application does not bind the Company to complete the insurance. It is agreed, however, that this application shall form the basis of the contract should coverage be granted by the company.

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

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