

EARTHQUAKE INSURANCE QUOTE DATE:

AGENT _____

NAME _____ PHONE _____

DOB _____ SS# _____

PROPERTY ADDRESS _____

CITY _____ STATE _____ ZIPCODE _____

EFFECTIVE DATE _____ YEAR BUILT _____ SQUARE FT _____

NUMBER OF STORIES _____ TYPE OF BUILDING _____

FOUNDATION TYPE _____ CONSTRUCTION (FRAME/ETC) _____

SLOPE (GENTLE/ETC) _____ LOCATED BY STEEP HILL 50FT(YES/NO) _____

ROOF TYPE _____ PRIMARY/TENANT OCCUPIED _____

CRIPPLE WALL TYPE _____ UNREPAIRED EQ DAMAGE _____

REMARKS