



Risk Placement Services, Inc.

EARTHQUAKE APPLICATION

Desired Effective Date: _____ (For one year)

Name of Applicant: _____

Applicants Mailing Address: _____
Number, Street, City, State, Zip, County

Location Address: _____
(If different than mailing address)

Resident Phone Number: _____ Business Phone Number: _____

Bill Mortgagee Bill Insured (Down payment must accompany app.)

Mortgagee/Lienholder Contract Seller Additional Interest Loan Number(s): _____

#1) Name: _____
Address: _____

#2) Name: _____
Address: _____

Year Built: _____ Number of family units: _____ (Not acceptable if more than 4 family units.)
Construction Type: Frame (wood siding) Masonry Other: _____. Number of Stories _____. Protection Class: _____.
Is dwelling occupied? Yes No
If Yes, is the dwelling: Owner Occupied ____, Tenant Occupied ____, or Seasonal ____ # of people living in the home: ____
Is the applicant the owner of the home or a tenant? _____. If a tenant, please provide the name of the primary carrier for the applicant's contents: _____, **Please note: There is no coverage provided for the structure if the applicant is a tenant, coverage is for the tenants contents only.**

Please indicate if limit being purchased is for: Contents only, Structure only, or Structure & Contents

Earthquake Deductible: \$1,000 (Per separate occurrence)

All Zones Except King County, WA		Limits	\$ 10,000	\$ 25,000	\$ 50,000	\$ 75,000	\$ 100,000
Construction:	Frame, Steel, Metal	\$	196	\$ 280	\$ 420	\$ 450	\$ 470
	Brick Veneer	\$	231	\$ 331	\$ 496	\$ 530	\$ 550
	Masonry	\$	249	\$ 356	\$ 534	\$ 575	\$ 600
King County, Washington		Limits	\$ 10,000	\$ 25,000	\$ 50,000	\$ 75,000	\$ 100,000
Construction:	Frame, Steel, Metal	\$	264	\$ 378	\$ 567	\$ 590	\$ 610
	Brick Veneer	\$	312	\$ 446	\$ 670	\$ 700	\$ 722
	Masonry	\$	337	\$ 481	\$ 721	\$ 755	\$ 780

Premium	\$
Policy Fee*	\$ 75.00
State Taxes	\$
SLSC	\$
Total	\$
(Downpayment+policy fee+taxes/fees=Amount remitted)	\$

***Non-Refundable Police Fee:** \$50.00 – Fully earned and required on each policy term. *No commission is paid on the policy fee or taxes.*

**Does not apply to Montana.*

State Taxes & Fees (Do not Round unless indicated):

Arizona: 3.20% **Colorado:** 3.00% **Idaho:** 1.75% **Montana:** taxes 5.25% (No policy Fee applies for Montana)

Nevada: 3.90% **New Mexico:** 3.003%

Oregon: **State tax 2.3%, SLSC .\$.15.00 ***Apply to Premium and Policy fee separately; then add together for total)*

South Dakota: 2.50% **Utah:** 4.40% **Washington:** 2.10%

Payment Plans: Annual policy term

- 1) Pay in full or
- 2) 20% of full premium, plus \$50.00 policy fee, plus taxes. An \$8.00 service charge will be billed on each of the four remaining consecutive monthly installments.
- 3) Mortgagee Bill: Premium in full required within 30 days of the effective date of the policy.
- 4) Credit Card payments accepted.

EARTHQUAKE COVERAGE GENERAL INFORMATION

Underwriters at Lloyd's of London will provide coverage for direct loss caused by an earthquake registering 5.0 or more on the Richter Scale (publicly documented from governmental sources) at the time of initial occurrence. Coverage is provided for a radius up to 100 miles from the epicenter. Subsequent aftershocks occurring more than 72 hours following the initial shock shall be treated as separate occurrences and the same conditions will prevail as were necessary to qualify for coverage of the initial loss.

Coverage is for direct loss caused only by earthquake including, but not limited to, structural damage to the insured dwelling, contents of the dwelling, and additional living expenses if the dwelling is uninhabitable. Coverage is for actual cash value of the damage after consideration of depreciation. There is no coverage for the contents of anyone not listed as a named insured on this policy.

PLEASE READ AND COMPLETE THE FOLLOWING:

Have you been convicted of a crime in the last 7 years? Yes No If yes, please explain _____

***Coverage will become effective, **if accepted**, upon written notice by RPS-MIS and coverage will not commence earlier than the date received in the office of RPS-MIS.

***Applicant/Producer Statement: I hereby state I have been unable to produce the above requested coverage from standard insurers. I request Mutual Insurance Services to effect coverage and I will be responsible for payment of premium, fees and taxes. I understand coverage will not be effective until accepted by RPS-MIS and flat cancellations are not permitted. I warrant all above answers to be true.

Applicant's Signature	Date	Time	Producer's Signature	Date
Time				

Producer Code _____ **Producer** _____

Address _____ **E-Mail Address** _____

Phone No _____ **Fax No** _____

AGENTS: A Completed Surplus Lines Statement (Due Diligence) must accompany the application if required for your State.

The Required States are: Arizona, Idaho, Montana, Nevada, New Mexico, & Oregon,