



Palomar Specialty Residential Earthquake Application

Date: \_\_\_\_\_

Agency Information:

Agency Name: \_\_\_\_\_ Agency Contact: \_\_\_\_\_
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_
Mailing Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant Information:

Named Insured: \_\_\_\_\_ DOB: \_\_\_\_\_
Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_
Physical Address: \_\_\_\_\_
City/State: \_\_\_\_\_ Zip: \_\_\_\_\_
Mailing Address (if different than the insured location): \_\_\_\_\_
City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Homeowners Coverage / Limits of Liability:

Homeowners Carrier: \_\_\_\_\_ Current Policy Expiration Date: \_\_\_\_\_
Dwelling: \$ \_\_\_\_\_ Other Structures: \$ \_\_\_\_\_
Contents: \$ \_\_\_\_\_ Loss of Use: \$ \_\_\_\_\_
Year of Construction: \_\_\_\_\_ Square Footage: \_\_\_\_\_ Number of Stories: \_\_\_\_\_
Type of Construction (e.g., Wood Frame, Wood with Masonry Veneer, Masonry, etc.): \_\_\_\_\_
Foundation Type (e.g., concrete slab, basement, cripple wall, etc.): \_\_\_\_\_
Prior Earthquake Damage: Yes No (If yes, proof of repair is required)
Grade Under Dwelling (Flat is 0 degrees, Gentle is less than 20 degrees, Steep is greater than 20 degrees) \_\_\_\_\_
Has coverage has been cancelled or denied in the last three years? Yes No If yes, please provide reason why: \_\_\_\_\_