

DIC/EARTHQUAKE APPLICATION

G. J. SULLIVAN CO.

625 The City Drive, Suite #400
 Orange, CA 92868
 Fax: 714-876-2738 or 714-876-2279
 Phone: 714-621-2339 or 714-621-2325
 Insurance License #613886

Producer Name: _____ **Fax:** _____

APPLICANT INFORMATION:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Inspection contact name & phone number: _____

BUILDING INFORMATION: (include address, city, county, state, & zip code)

Location #1: _____

Location #2: _____

CONSTRUCTION CLASS: (Check One)		PARKING CLASS (Check One)	
<input type="checkbox"/>	Wood Frame Not Bolted to Foundation	<input type="checkbox"/>	Detached
<input type="checkbox"/>	Wood Frame Bolted to Foundation	<input type="checkbox"/>	Attached No Structure Above
<input type="checkbox"/>	Joisted Masonry – Tilt up	<input type="checkbox"/>	Habitational Over Garage
<input type="checkbox"/>	Joisted Masonry- Reinforced Masonry	<input type="checkbox"/>	Tuckunder 1 Side
<input type="checkbox"/>	Joisted Masonry – Unreinforced Masonry	<input type="checkbox"/>	Tuckunder 2 sides
<input type="checkbox"/>	Masonry Non-Combustible	<input type="checkbox"/>	Full Subterranean
<input type="checkbox"/>	Non-Combustible	<input type="checkbox"/>	Partial Subterranean
<input type="checkbox"/>	Modified Fire Resistive	<input type="checkbox"/>	First Floor Parking
<input type="checkbox"/>	Fire Resistive	<input type="checkbox"/>	Soft First Floor
<input type="checkbox"/>		<input type="checkbox"/>	None

OCCUPANCY (Check One):	
<input type="checkbox"/>	Agri-Business
<input type="checkbox"/>	Restaurant
<input type="checkbox"/>	Apartment
<input type="checkbox"/>	Retail
<input type="checkbox"/>	Condo Association
<input type="checkbox"/>	School
<input type="checkbox"/>	Hotel/Motel
<input type="checkbox"/>	Service
<input type="checkbox"/>	Manufacturing
<input type="checkbox"/>	Warehouse
<input type="checkbox"/>	Office
<input type="checkbox"/>	Wholesale
<input type="checkbox"/>	Public Building

Explain Occupancy in Detail: _____

Year Built: _____ Number of Stories: _____ Square Footage: _____

COVERAGES (complete the attached schedule of values if more than 1 location) Coverage must be 100% of replacement cost	
Building	\$
Contents	\$
Business Income	\$
Additional Property Coverage	\$
Earthquake Sprinkler Leakage	Yes / No (Circle One)
Ordinance or Law	No / 10% / 20% (Circle One)
Deductible Options	5% / 10% / 15% / 17.5% / 20% (Circle One)

Please select which Additional Property Coverage are applicable:

Pools _____ Fences _____ Paved Surfaces _____ Other (decribe) _____

Insured's Signature: _____

Date: _____

Agent's Signature: _____

Date: _____

Agent Name: _____

Agency Name: _____

Email Address: _____

Phone Number: _____

Please select your option below: