



## **CALIFORNIA OFFER OF EARTHQUAKE COVERAGE**

AGENCY		NAMED INSURED / APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP)				
				TELEBHONE NIL	MDED	
				TELEPHONE NO	TELEPHONE NUMBER	
CONTACT NAME:		CARRIER			NAIC CODE	
PHONE (A/C, No, Ext):						
FAX (A/C, No): E-MAIL		POLICY NUMBER ACCOUNT NUMBER				
E-MAIL ADDRESS: CODE: SUBCODE:		EFFECTIVE DATE	EXPIRATIO	ON DATE	NEW RENEWAL	
AGENCY CUSTOMER ID:					NEW KENEWAL	
Your residential property insurance policy does not cover earthquake damage to your home or its contents.						
To cover earthquake damage to your home and its contents you need to purchase a separate earthquake insurance policy. The coverage provided by an earthquake insurance policy is different from, and typically more limited than, the coverage provided by your residential property insurance policy.  California law requires insurance companies to offer earthquake insurance in conjunction with a residential property insurance policy. If you do not accept the offer of earthquake insurance below within 30 days of the mailing of this notice, your insurance company shall presume that you have not accepted this offer of earthquake insurance.						
You may purchase earthquake insurance coverage on the following terms:  (A) Amount of Dwelling / Building Coverage Limit:						
(B) Deductible:						
(C) Contents Coverage Limit:						
(D) Additional Living Expenses Coverage Limit:						
(E) Estimated Annual Premium:						
The deductible represents the amount of damage your covered property must incur before the earthquake insurance coverage begins. If your covered loss is less than the applicable deductible, you may not receive any payment.						
Contact your insurance agent or your insurance company to obtain details regarding this offer of earthquake insurance and other coverage options.						
I acknowledge that I have read and understand this form.						
YES, I would like to add Earthquake Coverage to my policy.						
NO, I do not wish to add Earthquake Coverage to my policy at this time.						
	INSURED / APPLI	CANT SIGNATURE		DATE (MM/DD/Y)	YYY)	

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