

**Arrowhead® General Insurance Agency**  
**Residential Earthquake Insurance**  
**New Business Application**  
**Tel 877.233.9722 | Fax 858.320.6874**

**Effective Date Requested:** \_\_\_\_\_  
 Note: Application is subject to approval from Arrowhead. No Coverage is bound.

- Issue New Policy  
 Pre-Approval for shaded ZIP codes only  
 Submit for High Value Quote\*

Indicate limit for desired product below – minimum limit must be equal to or greater than companion Homeowner’s Policy

<p><b>Superior EQ Policy</b>                  Select Dwelling Limit                  A. <input type="text"/>                  B. 10% of A included                  C. 50% of A included                  D. 20% of A up to \$25,000 included                  Deductible: 10% included (5% included in Territory A1 only)                  Check for optional 15% deductible <input type="checkbox"/>  <b>Optional Superior EQ Plus Endorsement</b> <input type="checkbox"/></p>	<p><b>Standard EQ Policy</b>                  Select Dwelling Limit                  A. <input type="text"/>                  B. No coverage                  C. \$5,000 included                  D. \$1,500 included                  Deductible: 15%</p>	<p><b>Condo EQ Policy</b>                  Select Contents Limit                  C. <input type="text"/>                  A. \$25,000 included                  D. \$2,500 included                  F. \$5,000 Loss Assessment Included                  Deductible 10%  <b>Underground, First Floor or Tuck-Under Parking?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
---	---	--

**Year Built:**  **Note:** Dwellings built prior to 1955 require retrofit documentation - See Producer Manual. Condos built prior to 1960 are ineligible.

**Square Footage:**  (Living Area) **Number of Levels:**  (Include Basement) **Number of Units:**

Construction Type: Wood Frame:  Stucco/Frame:  Masonry Veneer:  \_\_\_\_\_% Other: \_\_\_\_\_

Note: Dwellings constructed of masonry are ineligible.

Foundation Type: Slab  Crawl space with concrete perimeter  Basement  Other:  \_\_\_\_\_

If dwelling was built between 1955–1972, does it have cripple walls? Yes  No

If yes, have the cripple walls been properly braced? Yes  No

Slope:  Flat  Gentle  Steep - If steep, indicate degree of slope \_\_\_\_\_ **Note:** Dwellings on a slope over 26° are ineligible

Current H.O. Carrier: \_\_\_\_\_ Current H.O. Coverage A Limit (Or Cov. C Limit if Condo): \_\_\_\_\_

Prior earthquake damage? Yes  No  Date of loss \_\_\_/\_\_\_/\_\_\_ Has all damage been repaired? Yes  No  Amt Paid: \$ \_\_\_\_\_

**(Please Print Clearly or Type)**

Agency Name: \_\_\_\_\_ Producer Code: \_\_\_\_\_

Producer Contact: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Insured Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Property Address: \_\_\_\_\_  
 Number N,S,E,W Street Name Dr. Ct. Ave. St.

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Tel: \_\_\_\_\_

Mailing Address (If Different): \_\_\_\_\_

Mortgage Company (Name, Address and Loan #): \_\_\_\_\_

For Mortgage Billing only

Payment Plans: Full Pay  Three Pay  Mortgage Bill  (\$5.00 Installment Fee)

**Note:** Down payment is not required with application. Policy is billed directly to insured or Mortgage Company and copies to producer.

Quoted Premium: \$

Insured Signature: \_\_\_\_\_ (Optional) Broker Signature: \_\_\_\_\_ (Required)

**Fax Completed Application to: 858.320.6874 - You will receive a confirmation and Policy Number within 24 Hours.**  
**\*You will receive a response on High Value Homes within Two Business Days.**