

**NETWORK BROKERS INSURANCE CENTER
COMMERCIAL EARTHQUAKE INSURANCE QUOTE FORM**

Fax to 800-772-8568

DATE _____

Named Insured: _____

Inspection Contact: _____ Phone: _____

Mailing Address _____
City _____ State _____ Zip _____

Property Location
Address _____
City _____ State _____ Zip _____

Building Occupied for use as: _____ Number of units if condo/apt _____

Year Built _____ Year Renovated _____ Describe Renovations _____

Construction Type: (circle one)
(Wood Frame) (Tilt Up) (Reinforced Concrete Block) (Non-Reinforced-HCB) (Brick) (All Other-Please be specific)

of Buildings at this location*** _____ # of Stories in Building _____

Total Square Feet in building _____ Building Shape (Rectangle or L / U Shaped)
*** please provide a Schedule of Buildings with Replacement Cost and Square Foot for each building

Describe the parking situation on the property (Parking Lots, Tuck Under, Habitation over Garage?):

Retrofitting information:

A. Building bolted to foundation? Yes _____ No _____
B. Cripple walls: Does the building have cripple walls? Yes _____ No _____
**If yes have they been braced with plywood? Yes _____ No _____

Please indicate the amount of coverage you want quoted on the following items:

A. Building/Tenant Impr. \$ _____ Include EQ Sprinkler Leakage Coverage: YES / NO
B. Contents \$ _____ Include Flood: YES / NO
C. Business Interruption \$ _____ Include Pool: \$ _____
D. Loss of Rents \$ _____

Any other property coverage to include? Please describe:

Current EQ Carrier _____ Coverage _____ Target/Budget Premium _____ X-Date _____

Please give us the following information for commission payment if sold:

Agency name _____ License# _____
Address _____ City _____ State _____ Zip _____
Phone# _____ Email: _____

Updated 11/14/2016

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