agencyservicebureau
UNIQUE INSURANCE SERVICE INC

Earthquake Quote Request Form

Date Submitted: _____

General Information:

Named Insured: _____ DOB: _____ Occupation: _____

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Property Address: _____

Mailing Address (if different): _____

Email: _____ Phone #: _____ Effective Date Requested: _____

Property Information:

Dwelling Type: Single Family Dwellin Year Built: _____ Square Feet: _____ # of Stories: _____

Usage: Primary # of Families: _____ Construction Type: Masonry Ven Foundation Type: Slab

Garage Type: Attached EQ Retrofit: Y/N? If so, what year: _____

Requested Coverages:

Deductible: _____

Dwelling: _____

Other Structures: _____

Contents: _____

Loss of Use: _____

Loss Assessment: _____

Companion Insurance:

Current Companion Insurance Carrier: _____

Current Companion Insurance Dwelling Limit: _____

Loss History:

Any Prior Earthquake Damage? ☐ Yes ☐ No

If yes, describe: _____

_____

Indicate which carriers you would like quoted:

☐ GeoVera ☐ Palomar ☐ JumpStart Parametric Ins. ☐ CEA (must have participating companion carrier)

Agency Information:

Agency Name: _____

Email Address: _____

To Request a Quote, submit the completed form to: plnewbusiness@asbagent.com

We will check our available markets to determine eligibility. The receipt of this application does not constitute an obligation or commitment to provide coverage.