CEA CALIFORNIA EARTHQUAKE AUTHORITY™
THE STRENGTH TO REBUILD®

EARTHQUAKE INSURANCE APPLICATION
RENTERS

Effective Date: _____ Expiration Date: _____

APPLICANT INFORMATION

Applicant Name (Last, First, Middle Initial)	Home Phone	Work Phone
Applicant E-mail Address	Cell Phone	
Co-Applicant Name (Last, First, Middle Initial)	Home Phone	Work Phone
Co-Applicant E-mail Address	Cell Phone	

ADDRESS INFORMATION

Risk Address - Physical Location of Property - Number and Street Address	City	State	Zip Code	County
		CA		
Mailing Address (If different from risk address) - Number and Street Address	City	State	Zip Code	County

COMPANION POLICY INFORMATION

Participating Insurer	Companion Policy Number	Personal Property - Coverage C Limit	Expiration Date

Type of Policy ☑ Renter

POLICY AND COVERAGE INFORMATION

Personal Property - Coverage C
Personal Property Limit ❑ $5,000 ❑ $25,000
Personal Property Deductible ❑ 5% ❑ 10% ❑ 15% ❑ 20% ❑ 25%
AND
Loss of Use - Coverage D
Loss of Use Limit ❑ $1,500 ❑ $10,000 ❑ $15,000 ❑ $25,000 ❑ $50,000 ❑ $75,000 ❑ $100,000
Loss of Use DEDUCTIBLE Loss of Use never has a deductible.

ADDITIONAL INTEREST, AND OTHER DESIGNEES

Name _____ ❑ Additional Insured ❑ Loss Payee
Address _____ ❑ 3rd Party Designee
City _____ State _____ Zip Code _____
Loan Number _____

Name _____ ❑ Additional Insured ❑ Loss Payee
Address _____ ❑ 3rd Party Designee
City _____ State _____ Zip Code _____
Loan Number _____

PREMIUM AND BILLING INFORMATION

Annual Premium* $_____ Payment Options: ❑ Annual Premium ❑ Installments
Additional Billing Options: ❑ 3rd Party Designee ❑ Other (below)
Send Bill To: ❑ Insured ❑ Additional Insured ❑ Loss payee Name and Address _____
*The minimum annual premium for a CEA Renters policy is $35.00.

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

I am applying for the insurance indicated and certify that the information supplied on this application is true and correct.

X _____ _____ Unique Insurance Service, Inc. dba Agency Service Bureau
Applicant Signature | Application Date and Time | Producer Name

0381168 PO Box 750997, Petaluma, CA 94975-0997
Producer License Number | Producer Address

Why consider earthquake insurance? (Check all that apply)

❑ Financial Security
❑ Other CEA policyholder recommendation
❑ Earthquake insurance news story
❑ CEA representative
❑ Home insurance company mailing
❑ Recent flood or wildfire
❑ CEA Policy Options
❑ Home insurance company agent recommendation
❑ Recent earthquake
❑ CEA advertising