

# ACORD™ CALIFORNIA OFFER OF EARTHQUAKE COVERAGE

PRODUCER    CODE: AGENCY CUSTOMER ID	NAMED INSURED/APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP)   <div style="text-align: right; border: 1px solid black; padding: 2px;">TELEPHONE NUMBER</div>										
SUBCODE:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%;">COMPANY</td> <td style="width:35%;">ACCOUNT NUMBER</td> </tr> <tr> <td style="width:35%;">POLICY NUMBER</td> <td style="width:35%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">NEW</td> <td style="width:15%;">EFFECTIVE DATE</td> <td style="width:15%;">EXPIRATION DATE</td> </tr> <tr> <td style="text-align: center;">RNWL</td> <td></td> <td></td> </tr> </table> </td> </tr> </table>	COMPANY	ACCOUNT NUMBER	POLICY NUMBER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">NEW</td> <td style="width:15%;">EFFECTIVE DATE</td> <td style="width:15%;">EXPIRATION DATE</td> </tr> <tr> <td style="text-align: center;">RNWL</td> <td></td> <td></td> </tr> </table>	NEW	EFFECTIVE DATE	EXPIRATION DATE	RNWL		
COMPANY	ACCOUNT NUMBER										
POLICY NUMBER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">NEW</td> <td style="width:15%;">EFFECTIVE DATE</td> <td style="width:15%;">EXPIRATION DATE</td> </tr> <tr> <td style="text-align: center;">RNWL</td> <td></td> <td></td> </tr> </table>	NEW	EFFECTIVE DATE	EXPIRATION DATE	RNWL						
NEW	EFFECTIVE DATE	EXPIRATION DATE									
RNWL											

**YOUR POLICY DOES NOT PROVIDE COVERAGE AGAINST THE PERIL OF EARTHQUAKE. CALIFORNIA LAW REQUIRES THAT EARTHQUAKE COVERAGE BE OFFERED TO YOU AT YOUR OPTION.**

**WARNING: THESE COVERAGES MAY DIFFER SUBSTANTIALLY FROM AND PROVIDE LESS PROTECTION THAN THE COVERAGE PROVIDED BY YOUR PROPERTY INSURANCE POLICY. THERE ARE EXCLUSIONS AND LIMITATIONS SUCH AS OUTBUILDINGS, SWIMMING POOLS, MASONRY FENCES, AND MASONRY CHIMNEYS. THIS DISCLOSURE FORM CONTAINS ONLY A GENERAL DESCRIPTION OF COVERAGES AND IS NOT PART OF YOUR EARTHQUAKE INSURANCE POLICY. ONLY THE SPECIFIC PROVISIONS OF YOUR POLICY WILL DETERMINE WHETHER A PARTICULAR LOSS IS COVERED AND, IF SO, THE AMOUNT PAYABLE.**

The coverage, subject to policy provisions, may be purchased at additional cost on the following terms:

- |   |       |     |
|---|-------|-----|
| A. Amount of Dwelling Coverage                          | _____ | *   |
| B. Amount of Other Structures Coverage                  | _____ | *   |
| C. Amount of Personal Property Coverage                 | _____ | *   |
| D. Applicable Deductible (for each coverage separately) | _____ | **  |
| E. Additional Living Expenses                           | _____ | *** |
| F. Rate or Premium                                      | _____ | *** |

\* Your dwelling limit will probably change. The amount of earthquake coverage and premium will be adjusted accordingly.

\*\* A separate deductible applies to Coverage A - Dwelling, Coverage B - Other Structures and Coverage C - Personal Property, if these coverages apply to your policy.

The deductible for each of these coverages is calculated by multiplying the percentage indicated under item D. above by the amount of coverage in items A. B. and C. above, respectively. If the amount for any of these coverages increases for some reason, your deductible does too. If your loss is less than the calculated deductible, you may not receive any payment from your Earthquake Coverage.

\*\*\* The premium shown above is an annual premium. If you purchase Earthquake Coverage during the policy term, the premium will be based on the amount of time remaining on your policy.

**You must ask us to add Earthquake Coverage to your policy within 30 days from the date of the mailing of this notice, listed below, or it shall be conclusively presumed that you have not accepted this offer.**

**If you accept this offer, Earthquake Coverage shall be effective on the day your acceptance is received by us or on the effective date of your policy, whichever is later. This coverage will not become effective prior to the time of day that we receive your acceptance.**

**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/Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_