



ICAT EARTHQUAKE COVERAGE REQUEST FORM

Please read carefully and complete *all* sections

SECTION I – APPLICANT

Account Name: _____

Mailing Address: _____

Suite/ Building #: _____

City: _____ State: _____ ZIP: _____

SECTION II- BUILDING INFORMATION (if different from above)

Location #: _____

Mailing Address: _____

Suite/ Building #: _____

City: _____ State: _____ ZIP: _____

Construction Class: (Check one)

<input type="checkbox"/> Wood Frame	<input type="checkbox"/> Non-Combustible
<input type="checkbox"/> Brick Veneer	<input type="checkbox"/> Masonry Non-Combustible
<input type="checkbox"/> Joisted Masonry-Tilt Up	<input type="checkbox"/> Modified Fire Resistive
<input type="checkbox"/> Joisted Masonry-Reinforced Masonry	<input type="checkbox"/> Fire Resistive
<input type="checkbox"/> Joisted Masonry-Un-reinforced Masonry	<input type="checkbox"/> Modular

Year Built: _____

Number of Stories: _____

Square Footage: _____

Parking Class: (Check one)

<input type="checkbox"/> None	<input type="checkbox"/> Tuckunder-2-Sides
<input type="checkbox"/> Detached	<input type="checkbox"/> Full Subterranean
<input type="checkbox"/> Attached-No structure above	<input type="checkbox"/> Partial Subterranean
<input type="checkbox"/> Habitational Over Garage (HOG)	<input type="checkbox"/> First Floor Parking
<input type="checkbox"/> Tuckunder-1-Side	<input type="checkbox"/> Soft First Floor

Occupancy: (Check one)

<input type="checkbox"/> Agri-Business	<input type="checkbox"/> School	<input type="checkbox"/> Service
<input type="checkbox"/> Restaurant	<input type="checkbox"/> Hotel / Motel	<input type="checkbox"/> Warehouse
<input type="checkbox"/> Apartment	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Wholesale
<input type="checkbox"/> Retail	<input type="checkbox"/> Office	
<input type="checkbox"/> Condo Association	<input type="checkbox"/> Public Building	



Explain Occupancy Class in Detail (*required*): _____

Building Shape: _____ **Regular** _____ **Irregular** _____ **Unknown**

Setbacks or Overhangs?: _____ **Yes** _____ **No** _____ **Unknown**

Insured's Interest: _____ **Lessor** _____ **Tenant** _____ **Owner Occupant**

Requested Coverage:

Building \$ _____ **(100% Replacement Cost Required)**

BPP/TIB \$ _____ **(100% Replacement Cost Required)**

Inspection Contact: _____

Inspection Telephone: (_____) _____

Requested Effective Date: _____

Deductible Option: 2% / 5% / 7.5% / 10% / 15% / 20% **(circle one)**

Mold Clean-Up and Removal Coverage:

\$10,000 (Building Only)_____

Earthquake Sprinkler Leakage: Y / N **(circle one)**

Ordinance or Law: None / 10% Sublimit / 20% Sublimit **(circle one)**

Flood Coverage: Y / N **(circle one)**

Business Income / Extra Expense (provided on a *per location* basis):

BI/EE \$ _____ **(for location)**

Additional Property Coverage (provided on a *per location* basis):

APC \$ _____ **(for location)**

Please select which APC's are application for this location:

Pools_____ **Fences**_____ **Paved Surfaces**_____

Signs_____ **Underground Utilities**_____

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