

**Difference in Condition Supplemental**  
**(Complete in addition to Acord Application)**

1. Agency Code: \_\_\_\_\_ Agency: \_\_\_\_\_  
2. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Web site: \_\_\_\_\_  
3. Producer: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
4. Assistant \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Application courtesy of <http://www.insurance-applications.com>

**General Information:**

5. Business Name (dba): \_\_\_\_\_  
6. Address of Property: \_\_\_\_\_  
7. Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
8. Email Address: \_\_\_\_\_ Web site: \_\_\_\_\_

**Earthquake:**

9. Please check the correct construction type from the list below:

- |   |   |
|---|---|
| <input type="checkbox"/> Wood frame--one to four family dwelling  | <input type="checkbox"/> Wood frame--small (less than 3,000 sq. ft.)    |
| <input type="checkbox"/> Wood frame--homeowners                   | <input type="checkbox"/> Wood frame--large (greater than 3,000 sq. ft.) |
| <input type="checkbox"/> Metal--small ( less than 20,000 sq. ft.) | <input type="checkbox"/> Metal--large (greater than 20,000 sq. ft.)     |
| <input type="checkbox"/> Steel frame (built 1974 or later)        | <input type="checkbox"/> Steel frame (built 1973 or prior)              |
| <input type="checkbox"/> Steel frame without shear walls          |   |
| <input type="checkbox"/> Concrete frame (built 1974 or later)     | <input type="checkbox"/> Concrete frame (built 1973 or prior)           |
| <input type="checkbox"/> Pre-cast concrete frame                  | <input type="checkbox"/> Concrete frame without shear walls             |
| <input type="checkbox"/> Tilt-up and reinforced masonry           | <input type="checkbox"/> Un-reinforced masonry                          |
| <input type="checkbox"/> Hollow masonry                           |   |

10. Please state year built: \_\_\_\_\_ Area in square feet: \_\_\_\_\_ Number of stories: \_\_\_\_\_  
11. Year of quake retrofit: \_\_\_\_\_  
12. Please describe retrofit work: \_\_\_\_\_

13. Is there any parking beneath the building?  Yes  No If yes, what is the size of the parking area? \_\_\_\_\_

14. Please describe foundation (i.e. masonry, rubble stone, piers, pilings, etc.): \_\_\_\_\_

15. Please describe sub-soil (i.e. rock, sand, marsh, fill, etc.): \_\_\_\_\_

16. Is the topography at the site flat, slight, moderate, steep hillside, etc.? \_\_\_\_\_

17. What is the distance to the nearest sea shore or sea cliff? \_\_\_\_\_

18. Is there any evidence of landslide, mudslide or erosion at or near the site?  Yes  No

If yes, please attach details.

**Flood:**

19. NFIP Flood Zone Designation: \_\_\_\_\_

20. Nearest body of water: \_\_\_\_\_

21. Height above water (flood stage of river or mean high tide): \_\_\_\_\_

**Flood:**

22. Has there been any previous flooding in the area from rising waters or surface/sewer drain backup?  Yes  No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

23. If flooding were to occur, what would be the most likely source of flood water? \_\_\_\_\_  
\_\_\_\_\_

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**Application courtesy of <http://www.insurance-applications.com>**

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24. Does the property or package property covering this location exclude earthquake sprinkler leakage?  Yes  No

If no, may we exclude it from our quote?  Yes  No

25. What year was the sprinkler system installed? \_\_\_\_\_

26. Is system earthquake braced to current codes?  Yes  No

If not, what year was the earthquake bracing installed? \_\_\_\_\_

27. Does the system have a local mechanical water flow system?  Yes  No

28. Does the system have an outside access shutoff valve?  Yes  No

29. Date of last inspection, test and tagging: \_\_\_\_\_

30. Inspection performed by: \_\_\_\_\_

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**READ AND SIGN BELOW:**

*I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or mis-stated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

**APPLICATIONS MUST BE FULLY COMPLETED AND SIGNED  
PRIOR TO COVERAGE BEING BOUND**