

**TOPA INSURANCE COMPANY
PERSONAL LINES PROPERTY & CASUALTY
RESIDENTIAL INSURANCE APPLICATION**

BROKER _____
 eMAIL _____
 PHONE _____
 CITY _____
 APP # _____ PROD CODE _____
 POLICY # _____
 POLICY EFFECTIVE DATE _____ 12:01 a.m.
 POLICY TERM: Annual _____
 DEDUCTIBLE: _____

 COUNTY _____
 eMail: _____

License# _____

 eMail: _____

MAILING ADDRESS: _____ PURCHASE DATE: _____ MARKET VALUE: _____
 CURR POLICY: _____ CURR CARRIER: _____ GATED COMMUNITY NAME: _____ (INCL LAND)

BUILDING CONSTRUCTION											
BUILDING DESCRIPTION	BUILDING TYPE	FOUNDATION TYPE	YEAR BUILT	BUILDING CONSTRUCTION TYPE	EXTERIOR WALL FINISH	SQUARE FOOTAGE	ROOF INSTALL YEAR	ROOF CONSTRUCTION MATERIAL	ROOF SHAPE	REMAIN ROOF LIFE	ESTIMATED REPL COST
Dwelling											
Garage											
Other 1		None									
Other 2		None									

HOME INTERIOR		HOME SYSTEMS		FIRE RISK & MITIGATION		DWELLING CHARACTERISTICS	
#	LIVING AREA	FLOORING MATERIAL	SYSTEM	DESCRIPTION	LOCATION	CRITERIA	OCCUPANCY AND SIZE
2	Living / Den		Heating		Wildfire Area		Occupancy
1	Kitchen Areas		Air Conditioning		Distance to Brush		Number of Units
3	Bedrooms		Electrical		Slope of Premises		Number of Stories
1.5	Bathrooms		Plumbing		# Access Roads		Non-Standard Wall Heights
			Smoke Detectors		Distance to Hydrant		
			Fire Alarm		Distance to Station		
			Burglar Alarm		Protection Class		

UNDERWRITING QUESTIONS	
1	Have all building requirements for Earthquake safety been met? If built prior to 1955, must be bolted to foundation. If built prior to 1973, cripple walls must be braced with plywood when applicable.
2	Is the property in a remote or inaccessible area and/or not visible by neighbors? If yes, risk is prohibited.
3	Are premises within 1250 ft of brush and in Wildfire area*** OR within 250 feet of brush elsewhere? If yes, risk is prohibited.
4	Are any applicants currently in bankruptcy? Has any applicant filed for bankruptcy in the past 3 years? Is the dwelling in foreclosure? If yes, risk is prohibited.
5	If owner occupied, is any portion of the residence rented or held for rental to others? If yes, the risk is prohibited.
6	If the dwelling is a rental unit, is it rented on a weekly or monthly basis? If temporary tenancy is permitted, the risk is prohibited.
7	# Families living on residence premises. Include all units. If # families exceeds # units, risk is ineligible.
8	Is there a swimming pool that is unfenced, empty, or with a slide and/or diving board? If yes, risk is prohibited.
9	Are there any abandoned, non-operational, or not regularly used vehicles stored on the premises? If yes, risk is prohibited.
10	Is there any business conducted on the premises? If yes, refer to UW for approval. Need HB Supplemental App and written approval to bind.
11	Do you employ any full or part-time out-servants? If yes, how many? Risks w in-servants are prohibited.
12	Are any tree branches overhanging any part of any roof on premises? If yes, submit photos.
13	Is the dwelling in need of repair or currently undergoing construction? If yes, submit photos.

COVERAGE		SELECTION	PREMIUM
Dwelling Protection	A	Dwelling Structure	
	B	Appurtenant Structures	
	C	Personal Effects	
	D	Loss of Use	
Liability Protection	E1	Comprehensive Liability	
	E2	Personal Injury Liability	
	E3	Premises Liability Only	
	F	Medical Payments	
Discounts	CR1	Protective Devices - Burglary	
	CR2	Protective Devices - Fire	
	CR3	Sprinklered	
	CR4	Modify Deductible	
	CR5	Age of Home Factor	
	CR6	Claim-Free Discount	
Additional Covg	A1	Extended Replacement Cost	
	A2	Replacement Cost Contents	
	A3	Loss Assessment	
	A4	Coverage C - Theft Peril	
	A5	Additional Computer Coverage	
	A6	Water - Limited Coverage	
Optional Covg	HB - I	Home-based Business - Sec I	
	HB - II	Home-based Business - Sec II	
	HB - AI	Additional Insured	
	EQ	Earthquake Quote	15% Deductible
Final Premium & Fees	Total Premium excl EQ		Annual Premium
	Fully Earned Fees ^		Policy Fee + Inspection
	EQ	Earthquake Premium	Annual Earthquake
Total of Premium and Fees excluding Earthquake:			\$ -

^ Note: Fully Earned Fees include \$40 Policy Fee and \$25 Inspection Fee

Important Notice to Policyholder

This is a limited home insurance policy. Please read your insurance policy carefully as it contains numerous exclusions and limitations. We would like to bring to your attention the fact that this insurance policy does not provide any property damage or liability coverage resulting either directly or indirectly from the peril of water. **Limited water damage coverage can be purchased for an additional Premium charge.** If you did not purchase this coverage at the time you applied for this insurance and you now wish to purchase limited water coverage, please contact your broker for an explanation of the coverage and the associated premium charge.

The undersigned acknowledges that he or she has been offered Limited Water Damage coverage, and coverage has been

Accepted with coverage limit: \$5,000 for a premium of \$50 \$10,000 for a premium of \$75 OR Rejected

Applicant's Signature X _____ NAMED INSURED'S SIGNATURE X _____ DATE X _____ TIME



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License# _____

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BROKER _____
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POLICY # _____
POLICY EFFECTIVE DATE _____ 12:01 a.m.
POLICY TERM: Annual
DEDUCTIBLE: _____

APPLICANT / CO-APPLICANT INFORMATION					
First and Last Name	Date of Birth	Prior Address	City	State	Zip

MORTGAGEES AND ADDITIONAL DESIGNEE						
Mortgage Company or Designee	Loan #	Phone #	Address	City	State	Zip

LIST PRIOR LOSSES WITHIN THE LAST 36 MONTHS							
Loss Description	Peril	Cause / Origin	DOL	Report Date	Status	Amount	

WE DO INSPECT ALL INSURED LOCATIONS AND VERIFY THE INFORMATION YOU PROVIDED.

Public Law 91-508 requires that we advise you that as part of our underwriting procedure a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

APPLICANT'S STATEMENT: I hereby declare to the best of my knowledge that the statements made on this application are material and true and complete and that these statements are made as an inducement to Topa Insurance Company to issue the policy for which I am applying, I further understand and agree that any material misrepresentation shall cause the policy, if issued, to be null and void.

I acknowledge that if the policy is issued, it will contain an exclusion that **excludes coverage for injury or damage caused by an animal at any location.** I understand that the language of the exclusion will prevail over this notice.

The effective date of coverage shall be either 12:01 A.M. on the date following the date the application was signed by the applicant, provided the application and payment are received within 3 days of signature OR if received after 3 days from the date of signature, the effective date shall be the date received or the proposed effective date, whichever is later. NO coverage shall be considered bound and the application will be rejected if ANY section is incomplete or the risk is ineligible.

Applicant's Signature X _____ NAMED INSURED'S SIGNATURE X _____ DATE X _____ TIME

I have personally reviewed this application with the applicant and explained the coverages, limitations and exclusions. I have also explained to the applicant that I am not an insurance agent appointed by Topa Insurance Company and I am representing the applicant as his or her agent in this matter.

Producer's Signature X _____ PRODUCER'S SIGNATURE X _____ DATE X _____ TIME

NO COVERAGE SHALL BE CONSIDERED BOUND AND THE APPLICATION WILL BE REJECTED IF ANY SECTION IS INCOMPLETE OR THE RISK IS INELIGIBLE.



Topa Insurance Company
Personal Lines Residential Insurance Application

Offer of Earthquake Coverage
Policy / Quote #

IMPORTANT NOTICE: YOUR RESIDENTIAL PROPERTY INSURANCE POLICY DOES NOT COVER EARTHQUAKE DAMAGE TO YOUR HOME OR ITS CONTENTS.

To cover earthquake damage to your home and its contents you need to purchase a separate earthquake insurance policy. The coverage provided by an earthquake insurance policy is different from, and typically more limited than, the coverage provided by your residential property insurance policy.

California law requires insurance companies to offer earthquake insurance in conjunction with a residential property insurance policy. If you do not accept the offer of earthquake insurance below within 30 days of the mailing of this notice, your insurance company shall presume that you have not accepted this offer of earthquake insurance.

Please read your earthquake policy carefully. There are exclusions and limitations such as outbuildings, swimming pools, masonry fences, and masonry chimneys. This disclosure form contains only a general description of coverage 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. Please contact your broker with questions.

You may purchase earthquake coverage, subject to policy provisions, on the following terms:

- A. AMOUNT OF DWELLING/BUILDING COVERAGE LIMIT: \$**
- B. APPLICABLE DEDUCTIBLE: \$**
The deductible represents the amount of damage your covered property must incur before the earthquake insurance coverage begins. If your loss is below this amount, you may not receive any payment from your coverage.
- C. CONTENTS COVERAGE (PERSONAL PROPERTY) LIMIT:**
If your loss does not exceed the deductible for the dwelling, you will not receive any payment for this coverage.
- D. ADDITIONAL LIVING EXPENSE (LOSS OF USE) COVERAGE LIMIT: \$1,500**
- E. RATE OR ANNUAL PREMIUM: \$**
- F. ADDITIONAL POLICY FEE OF \$35.00 IS FULLY EARNED UPON POLICY INCEPTION.**

This coverage shall be effective on the day your acceptance of this offer is received by us, but not before the effective date of your Homeowners policy and only if the premium quoted above is paid.

Contact your insurance broker or an agent of Topa Insurance Company to obtain further details regarding this offer of earthquake insurance and other coverage options.

The undersigned acknowledges that earthquake coverage has been offered, that a premium has been quoted for earthquake coverage and that said coverage is hereby REJECTED ACCEPTED.

Signature: _____ Date: _____
APPLICANT'S SIGNATURE

The undersigned further acknowledges that he or she has been provided a copy of the CALIFORNIA RESIDENTIAL INSURANCE DISCLOSURE.

Signature: _____ Date: _____
APPLICANT'S SIGNATURE

NO COVERAGE SHALL BE CONSIDERED BOUND AND THE APPLICATION WILL BE REJECTED IF ANY SECTION OF THIS DISCLOSURE IS BLANK AND/OR NOT PROPERLY SIGNED AND DATED.