



DIFFERENCE IN CONDITION SUPPLEMENTAL

(Attach to Acord Application)

APPLICANT INFORMATION

1. Named Insured: _____
DBA: _____

COVERAGE / LIMITS

2. Desired coverage: [] Earthquake [] Flood
A. Earthquake: _____ Total Insured Value
B. Flood: _____ Total Insured Value

UNDERWRITING INFORMATION

Description of Buildings:

Table with 7 columns: 100% Values, Construction, Year Built, # of Stories, Square Feet, Occupancy, Flood Zone. Row 1: Location: # _____

- 3. Is the basement finished? [] Yes [] No [] No Basement
4. Is the basement used for storage? [] Yes [] No [] No Basement
5. On what floor is the building mechanicals located? _____
6. Year of last building improvements? Electrical: _____ Plumbing: _____ Roofing: _____ Heating: _____
7. Name of nearest body of water, river or stream? _____
Distance to Buildings? _____ Miles
8. Has this location experienced flooding, surface water or mud slides? [] Yes [] No
If Yes, describe: _____
9. Describe soil. _____
10. Any undermining? [] Yes [] No
11. Is there any existing damage to structure such as cracking or settling of walls or foundations? [] Yes [] No
If Yes, describe: _____
12. Have the buildings been retrofitted for earthquakes? [] Yes [] No
13. Are the buildings on or at a base of a steep slope? [] Yes [] No
14. Are the buildings upon a landfill? [] Yes [] No
15. Are the buildings in the path of a potential landslide, avalanche or mud flow? [] Yes [] No
If Yes, describe: _____

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits and application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicant's Signature: _____ Producer's Signature: _____
Print Name / Title: _____ Agency Name: _____
Date: _____ Date: _____