Innovation Growth Partners
igp Specialty

Natural Disaster Program **Application**

PERILS TO BE COVERED (earthquake must be selected):

☐ Earthquake ☐ Flood ☐ Landslide

Requested Effective Date: ______________________

Applicant: ______________________

Mailing Address: ______________________

City: ______________________ County: ______________________

State: ______________________ ZIP: ______________________

Operations of Insured:

[ ]

LOCATION INFORMATION

Property Address (if different from mailing address): ______________________

City: ______________________ County: ______________________

State: ______________________ ZIP: ______________________

Occupancy (select all that apply):

Residential: ☐ Single Family ☐ Condo ☐ Apartment ☐ Mobile Home ☐ Manufactured Home

☐ Primary ☐ Secondary ☐ Investment

Commercial: ☐ Condominium ☐ Apartment ☐ Office ☐ Hotel ☐ Warehouse ☐ Other commercial: __________

Description of Contents:

[ ]

Year built: __________ Number of buildings: __________

Number of stories (including basement): __________ Total square footage: __________

Construction type:

☐ Frame ☐ Frame with Brick Veneer ☐ NC ☐ MNC ☐ Fire Res ☐ Other: ______________________

Is the structure permanently mechanically attached to the foundation (i.e. bolted)? ☐ Yes ☐ No

If built pre-1950, has the structure been seismically retrofitted? ☐ Yes ☐ No

Foundation:

☐ Slab ☐ Pilings ☐ Basement ☐ Crawlspace Square footage of basement/enclosure: __________

MORTGAGEE INFORMATION

Mortgage Company: ______________________

Street Address: ______________________

Suite No.: ______________________ City: ______________________

State: ______________________ ZIP: ______________________

Loan No.: ______________________

Have there been any landslides within ½ mile of the building(s)? ☐ Yes ☐ No

Have there been any forest/brush fires within 5 miles of the building in the last 5 years? ☐ Yes ☐ No

Does the building have elevated portions not directly in contact with the ground? ☐ Yes ☐ No

Total Values at 100%:

	Replacement Cost (required)	Limit Requested
Building		
Contents		
Contents in basement		
Appurtenant Structures (residential only)		
Business Income with Extra Expense (commercial only)		
Total Amount of Insurance		

If more than one building, please provide SOV or separate app for each building.

DEDUCTIBLES	
Earthquake/Landslide	**Flood**
☐ 5%	☐ $1,000 (residential only)
☐ 10%	☐ $5,000
☐ 15%	☐ $10,000
☐ 20%	☐ $25,000
	☐ Other: ______

Rather than the specified limits above, we can offer a standard policy which includes 10% of the building limit for other structures (max $50k), 20% of the building limit for personal property (max $75k), and 10% of the building limit for additional living expenses (max $25k).
Would you like these standard coverages? ☐ Yes ☐ No

Contents are valued at actual cash value. Replacement cost can be purchased for an additional premium. Do you wish to have replacement cost valuation on contents? ☐ Yes ☐ No

NOTICE—PLEASE READ CAREFULLY

It is understood and agreed that the information above is for underwriting purposes only. Solicitation and receipt is not, in and of itself, a promise to offer a quotation not issue a policy until acceptance has been made by correspondents authorized to do so hereunder.

The applicant acknowledges that any contract issued will be full reliance upon statements and representations made in this application. False or misleading answers could result in the policy being null and void.

Products and services are offered through IGP Specialty. Coverage is provided by unaffiliated insurance companies.

______________________________ ______________________________

Signature of Applicant | Date

Typed or printed name: ______________________________ Title: ______________________________