

FAX TO: (925) 945-8802

Please check

GEOVERA

<b>Agent Name:</b> <b>Code:</b> <b>E-MAIL -</b>
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**Deductibles**  Comp Quote (10% 15% 20%)  Standard Quote  
 (Please Circle)

Applicants Last Name	First Name	Phone#
<input type="text"/>		

Co-Applicant Last Name	First Name
<input type="text"/>	

House Number	N/S/E/W	Street Name	St., Dr, Ct., etc.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>

MAILING ADDRESS IF DIFFERENT: Current Homeowner's Carrier: \_\_\_\_\_

Current Coverage A: \_\_\_\_\_ Coverage C: \_\_\_\_\_

Prior EQ Damage: Yes \_\_\_ No \_\_\_ Date of loss: \_\_\_/\_\_\_/\_\_\_ Damage repaired? Yes \_\_\_ No \_\_\_ Paid: \$ \_\_\_\_\_

<b>Levels: (Include</b> <input type="checkbox"/> 1 basement or <input type="checkbox"/> 1.5 garage) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or More Level <input type="checkbox"/> Bi Level <input type="checkbox"/> Split level <input type="checkbox"/> Tri Level	<b>Foundation: (Choose 3 and Add %)</b> <input type="checkbox"/> Basement <input type="checkbox"/> Caissons <input type="checkbox"/> Crawl w/closed concrete <input type="checkbox"/> Crawl w/wood perimeter <input type="checkbox"/> Post & Piers <input type="checkbox"/> Slab <input type="checkbox"/> Stilts	<b>Garage Type:</b> <input type="checkbox"/> Attached <input type="checkbox"/> Built-in <input type="checkbox"/> Carport <input type="checkbox"/> Detached <input type="checkbox"/> Subterranean <input type="checkbox"/> Tuck-Under <input type="checkbox"/> None	<b>Garage Size:</b> <input type="checkbox"/> 1 Car <input type="checkbox"/> 2 Cars <input type="checkbox"/> 3 or more Cars	<b>Slope:</b> <input type="checkbox"/> Flat 0 degrees <input type="checkbox"/> Minimal 1-15 degrees <input type="checkbox"/> Gentle 16-20 degrees <input type="checkbox"/> Steep 31-45 degrees <input type="checkbox"/> Very Steep > 45 degrees
<b>Siding:</b> <input type="checkbox"/> Adobe <input type="checkbox"/> Aluminum <input type="checkbox"/> Brick <input type="checkbox"/> Brick Veneer <input type="checkbox"/> Vinyl <input type="checkbox"/> Stone	<input type="checkbox"/> Cement Fiber (asbestos shingle) <input type="checkbox"/> Cement Fiber (asbestos siding) <input type="checkbox"/> Log Siding <input type="checkbox"/> Wood Shake/Siding (circle one) <input type="checkbox"/> Concrete Block <input type="checkbox"/> Stucco on Frame/Block (circle one)	<b>Roof:</b> <input type="checkbox"/> Asphalt <input type="checkbox"/> Wood Shake <input type="checkbox"/> Tar & Gravel <input type="checkbox"/> Concrete <input type="checkbox"/> Metal <input type="checkbox"/> Spanish Clay <input type="checkbox"/> Other	<b>Heat Source:</b> <input type="checkbox"/> Electric <input type="checkbox"/> Electric Heat Pump <input type="checkbox"/> Gas <input type="checkbox"/> Hot Water w/ gas <input type="checkbox"/> Hot water w/ oil <input type="checkbox"/> Oil <input type="checkbox"/> Radiant heat <input type="checkbox"/> None	<b>Unit Type:</b> <input type="checkbox"/> Residential <input type="checkbox"/> Townhouse End <input type="checkbox"/> Townhouse Center <input type="checkbox"/> Condo
<b>Construction:</b> <input type="checkbox"/> Adobe <input type="checkbox"/> Log <input type="checkbox"/> Metal Frame <input type="checkbox"/> Masonry	<input type="checkbox"/> Wood Frame <input type="checkbox"/> Mobile Home <input type="checkbox"/> Pre-Fabricated <input type="checkbox"/> Modular Home	<input type="checkbox"/> Other	# of Baths: (include halves) _____	Year Built: _____

Central Air Y/N: \_\_\_\_\_ Living Area: \_\_\_\_\_

Foundation Bolted Y/N: \_\_\_\_\_

Cripple Wall Type Y/N: \_\_\_\_\_

Daylight Basement Y/N: \_\_\_\_\_

Finished Basement Sq Ft: \_\_\_\_\_

Unfinished Basement Sq Ft: \_\_\_\_\_

Remarks: \_\_\_\_\_

Property details (Please check all that apply):

Applicant Name: \_\_\_\_\_

**Flooring:**

- \_\_\_\_\_ % Carpet over Hardwood
- \_\_\_\_\_ % Ceramic tile
- \_\_\_\_\_ % Marble/Granite/Solid Stone
- \_\_\_\_\_ % Parquet
- \_\_\_\_\_ % Pergo/Wood Laminate
- \_\_\_\_\_ % Slate/Brick/Flagstone
- \_\_\_\_\_ % Vinyl/Linoleum
- \_\_\_\_\_ % Wall to Wall Carpet
- \_\_\_\_\_ % Hardwood

\_\_\_\_\_ Total must = 100%

**Number of bathrooms that have the following:**

- \_\_\_\_\_ Corian, Granite or Authentic Marble Counter Tops
- \_\_\_\_\_ Spa or Jacuzzi Tub
- \_\_\_\_\_ Double Sink
- \_\_\_\_\_ Bathtub and Separate Shower Stall

**Shape of Building:**  
(Check one)

- \_\_\_\_\_ Square
- \_\_\_\_\_ Rectangle
- \_\_\_\_\_ Irregular
- \_\_\_\_\_ Very Irregular

**Central Alarm System (YES/NO) Burglar Alarm (YES/NO)**

**Swimming Pool (YES/NO)**

Type of Porch: (Check one)

- \_\_\_\_\_ Enclosed
- \_\_\_\_\_ Screened
- \_\_\_\_\_ Open

**Wall Coverings**

- \_\_\_\_\_ % Brick
- \_\_\_\_\_ % Ceramic tile
- \_\_\_\_\_ % Knotty Pine or Millwork
- \_\_\_\_\_ % Mirrors
- \_\_\_\_\_ % Paint
- \_\_\_\_\_ % Permanent Bookcase
- \_\_\_\_\_ % Sponge/Faux Paint
- \_\_\_\_\_ % Stone
- \_\_\_\_\_ % Paneling
- \_\_\_\_\_ % Wall Paper

\_\_\_\_\_ Total must = 100%

**Kitchen Quality:** (check all that apply)

- \_\_\_\_\_ Corian, Granite or Authentic Marble Counter Tops
- \_\_\_\_\_ Commercial style refrigerator
- \_\_\_\_\_ More than one oven
- \_\_\_\_\_ 6 or more total range tops
- \_\_\_\_\_ Center Island w/ Cabinets or Sink
- \_\_\_\_\_ None applicable

**Decks:**

\_\_\_\_\_ Number of Attached wood deck: \_\_\_\_\_ Total Square Foot