

HUNTINGTON T. BLOCK INSURANCE AGENCY, INC. California Location Questionnaire

Please answer all questions. If the questions do not apply, write N/A

Name:		
Mailing address:		
	State:	Zip:
Telephone Number:	Email Address:	
Occupation:	Employer:	
Age: Marital Status:	Spouse's Name:	
Desired Effective Date:	<u></u>	
	LOCATION INFORMATION	
T. I. I. C. II. II.	N. J. Cir. i. II. ii.	
Total value of collection:		:
Highest Valued Items		
If the location is in the state of CALIFORNIA		
Date of construction Upda	ated or Renovated?	
	EARTHQUAKE	
Is California Earthquake Coverage desired?		Yes No
If yes, please completed the following:		
Is any part of the construction raised on stilts	or supports of any kind?	Yes No
Is the foundation sunk into bedrock?		Yes 🗆 No
Has the location been retrofitted?		Yes No
Does the location meet current California Eart	thquake Code?	Yes No
	FIRE	
How far is your building from brush or forest?		
What precautions have been taken to remove	e brush surrounding the area and minimize dan	nage from wildfire risks?
Emergency Plan to remove and protect prope	rty in case of a wildfire:	

Please note, attach additional information if more space is required.

Person completing the application:		
Named (First and Last):	Date completed and submitted:	
I understand that the insurance company, in determining whether to provide insurance coverage, will rely on the information contained in this form and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.		
Signed	Date:	



PLEASE SUBMIT THIS PROPOSAL AND APPROPRIATE MATERIALS TO:

