



# HUNTINGTON T. BLOCK INSURANCE AGENCY, INC.

## California EQ & WildFire Questionnaire

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

Name: \_\_\_\_\_  
Location Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_  
Desired Effective Date: \_\_\_\_\_

### LOCATION INFORMATION

Total value of collection: \_\_\_\_\_ Number of items in collection: \_\_\_\_\_  
Highest Valued Items \_\_\_\_\_

If the location is in the state of **CALIFORNIA**

Date of construction \_\_\_\_\_ Updated or Renovated? . . .  Yes  No

If yes, date and details \_\_\_\_\_

Construction materials \_\_\_\_\_

Construction of roof \_\_\_\_\_

### 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 Earthquake Code? . . . . .  Yes  No

### FIRE

How far is your building from brush or forest? \_\_\_\_\_

What precautions have been taken to remove brush surrounding the area and minimize damage from wildfire risks?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Plan to remove and protect property 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:



**HUNTINGTON T. BLOCK INSURANCE AGENCY, INC.**  
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