



Earthquake Deductible Buy-Back

APPLICATION

Submitted by: _____ Brokerage: Lyle Insurance Services Inc.

1. NAME OF THE INSURED: _____

2. ADDRESS OF THE INSURED: _____

3. POLICY PERIOD: From: to both days at the time as set forth in the

4. PERILS INSURED: **Quake - deductible (PRIMARY COVERAGE MUST BE IN PLACE)**

5. THE PROPERTY OR INTEREST (Type of Risk): _____

6. THE PROPERTY IS LOCATED OR CONTAINED AT: _____

COVERAGE LIMIT	FLAT RATE	PREMIUMS ARE 100% FULLY EARNED
\$50,000	\$120 Premium	100% Minimum Earned Premium is deemed earned at inception
\$100,000	\$240 Premium	100% Minimum Earned Premium is deemed earned at inception
\$200,000	\$480 Premium	100% Minimum Earned Premium is deemed earned at inception

8. (a) PRIMARY /OVERLYING INSURER(S): _____

(b) POLICY NUMBER(S): _____

9. LIMIT CHOSEN FROM ABOVE OPTIONS: \$_____ each and every Occurrence

10. INSURED'S RETENTION: \$1000 DEDUCTIBLE each and every Occurrence

I am aware that this is excess coverage only and that I must purchase the Overlying Coverage in order for this policy to respond.

(X) _____ (X) _____

Dated: _____ Dated: _____