California Earthquake Insurance Referral Request
For Farmers Insurance Agency Use Only

Named Insured 1: _____ **Phone of N/I:** _____

Named Insured 2: _____

Mailing Address: _____

Location Address: _____

Deductible desired (5%, 10%, 15%, 20%, 25%?): _____

****Pool Endorsement? Y / N**

****Pool Endo includes pools, paved surfaces that are not part of dwelling, subject to certain Special Limits**

Year Built:_____

Living Area: _____ **Number of Levels**_____

Building Type (Use):_____

Foundation Type: _____ **Year Retrofit?**

Construction Type:_____

Slope (in degrees and within 50 ft of house): _____

Current HO Ins Company (Must Match Cov A): _____

Current Homeowner Dwelling Coverage: $_____

Requested Other Structures Coverage: $_____

Requested Contents (Req. for condo/Townhme) : $_____

Loss of Use: $_____

Loss Assessment: $_____

Referrers Agent Name:
Phone:
Email:

email submission to: info@networkbrokersins.com ***tel/fax: 800-772-8568***

Referral Compensation Notice: Network Brokers Insurance Center acts as a independent brokerage partner.
Referral arrangements, if any, are subject to California insurance regulations and agency agreements.