



Everett Callahan Insurance Agency, Inc.
 1913 E. 17th Street, Suite 214
 Santa Ana, CA 92705
 (714) 246-8976 Direct
 (714) 541-6789 Fax
 (800) 624-8976 Toll Free
 Lic#0573649
 office@eciabenefits.com
 www.eciabenefits.com

California Homeowners Application

Please forward complete application to: office@eciabenefits.com

Client & Spouse's Name Please give full names		Client & Spouse Birthdates	
Client Contact Phone & e-mail address		Client & Spouse SSN	
Client Occupation			
Current Carrier			
Prior Claims?			

Account Information – all areas must be completed

Address Number and street	
City, Zip Code & County	
Coverage A or A&A	\$
Coverage C Amount	\$
Jewelry Total Limit	\$
Umbrella Limit	\$
Other lines of coverage	
Desired Liability Limit	
	\$
Do you need a quote for auto coverage?	

Home Characteristics – all areas must be completed

Type of Residence Dwelling, Condo, Co-Op	
Occupancy Primary, Secondary, Rented to Others	
Year Built	
Year Retrofitted if built 1945 or Prior	
Construction Frame, Reinforced Concrete, Masonry Veneer, Reinforced Masonry, Unreinforced Masonry, Steel	
Masonry Veneer Percentage Include if Construction is Masonry Veneer, Reinforced Masonry, or Unreinforced Masonry	
Number of Stories	
Square Footage	

Roof Type Tile, Slate, Wood, Comp Shingle, Tar & Gravel, Other/specify	
Foundation Type Slab, Raised, Crawl Space, Perimeter with T-Footings, Caissons, On Stilts/Piers/Posts/Cantilevered	
Feet to Fire Hydrant	
Miles to Fire Station	
Distance to Brush	
Are you requesting Earthquake? Yes/No	

Additional Comments	
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PLEASE COMPLETE TO THE BEST OF YOUR KNOWLEDGE. ON SECTIONS THAT DO NOT APPLY TO YOUR OPERATIONS INDICATE N/A PLEASE DO NOT LEAVE BLANK.

Note: All information provided is subject to verification by way of an underwriting survey or inspection. We must be notified of any significant change. Terms of insurance coverage may be canceled for misrepresentation if information provided is inaccurate.

Signature of Applicant: _____ Date: _____