



303 Lennon Lane Walnut Creek, CA 94598
(800) 955-8213 (925) 947-2990
Fax (925) 947-3978 License#0812739
www.jebrown.net

TOPA DWELLING FIRE SUBMISSION CHECK LIST

PLEASE ATTACH TO YOUR SUBMISSION

To bind coverage your submission must include:

- ☐ **Completed and signed** Topa Fire Dwelling application*
* use current application/forms available at www.jebrown.net
- ☐ **Insured signature** on the following forms:
 - ☐ pg 2 of application
 - ☐ property disclosure form
 - ☐ earthquake waiver
 - ☐ important notice to policy holders water endorsement form
- ☐ Earthquake waiver and water endorsement forms must be **marked rejected or accepted**
- ☐ Topa Race, National Origin and Gender Form
- ☐ Fill out all **requested coverage** amounts in appropriate boxes, **answer all questions** on application
- ☐ **Full premium**, payable to J.E. Brown, is required with the application to bind – even when escrow closing. This is an agency bill program there are **no payment options**

Binding authority:

- ☐ Proposed **effective date** – coverage will be **bound the day after** the insured signs the application if we receive it within 3 days, if received after 3 days, coverage will be bound the day the application is received in our office.
- ☐ Date of this mailing: _____

If you have any questions regarding eligibility or binding procedures please contact JoAnn Maccario at 800-955-8213 or joann_maccario@jebrown.net.

TOPA INSURANCE COMPANY

Producer

FIRE DWELLING APPLICATION

THIS APPLICATION WILL NOT BE GIVEN ANY CONSIDERATION UNLESS:

1. It is fully completed and every question is answered
2. It is personally signed and dated by both the Applicant and the Producer.

Applicant's Full Name

Proposed Effective Date

All policies are 1 year terms

at 12:01 A.M.

County in which property is located:

Mailing Address

Date of Purchase

Year dwelling was built

City

State

Zip Code

Replacement Cost - no land

Market Value with land

Home Phone Number

Work Phone Number

Number of Square Feet

Type of Construction

Complete address of Property to be insured. If same as the mailing address, then write "SAME".

Feet to Fire Hydrant

Miles to Fire Station

Type of Roof

Age and Condition of Roof

Occupancy

☐ Owner ☐ Seasonal

☐ Secondary

☐ Tenant ☐ Vacant

Number of Units

☐ 1 ☐ 2 ☐ 3 ☐ 4

Deductible

☐ \$500 ☐ \$1,000

☐ \$1,500 ☐ \$2,500

Coverage A - Dwelling

Coverage B - Other Structures, 10% of A is included.

Coverage C - Personal Property. An Optional Coverage.

Coverage D - Loss of Use. Max. limit is 10% of Coverage A.

Coverage E - Personal Liability with \$1,000 Med. Payments

☐ Comprehensive - MUST be owner occupied.

☐ Premises Only - Owner or Tenant Occupied

\$

\$

\$

\$

☐ NO COVERAGE ☐ \$100,000 ☐ \$300,000 ☐ \$500,000

1. Coverage A premium

2. Increase Coverage B to: \$

3. Personal Property Premium

4. Theft Coverage - 10% of Coverage C Premium
Owner Occupied Units only

5. Replacement Cost Contents. \$1.00 per 1,000 Cov. C.
Owner Occupied Units only

BASE PREMIUM= 1 +2+3+4+5 =====>

Total Debits/Credits + 1.00 =

DEBITS AND CREDITS

Deductible Credit

Age of Dwelling

Tenant Occupied

Multi-Family Unit

Burglar Alarm

Fire Alarm

Protection Class

Base Prem X

Total Debits/Credits =

Ltd. Water Damage \$1,000 deductible
Limit ☐ \$5,000 ; ☐ \$10,000

Loss Assessment Premium
Limit ☐ \$10,000 ☐ \$25,000

Liability Coverage Premium

Total Annual Premium

\$45.00 fully earned policy fee

\$25.00 fully earned Inspection fee

\$65.00

Total Amount Due:

First Mortgagee's Name

Second Mortgagee's Name

Mailing Address

Mailing Address

City

State

Zip Code

City

State

Zip Code

Loan Number

Loan Number

Name	Date of Birth	Married	Occupation	Employer

Are you or spouse currently in bankruptcy? ☐ No ☐ Yes - not eligible!
Have either of you declared bankruptcy in the past 3 years? ☐ No ☐ Yes

Is the dwelling currently undergoing remodeling? ☐ No ☐ Yes - explain

Previous Insurance Company

Policy Number

How long have you lived at this location?

Have you been cancelled or non-renewed in the past 36 months? ☐ No ☐ Yes
If YES explain in remarks. Submit for approval. Coverage can not be bound!

Is the dwelling vacant? ☐ No ☐ Yes

If YES, refer to Company. Coverage can not be bound!

1. Is the property in a brush area or within 250 feet of brush or a landslide area or within 1000 feet of the Pacific Ocean?	<input type="checkbox"/> YES** <input type="checkbox"/> NO	10. Is the roof wood shake shingles, foam or fiberglass?	<input type="checkbox"/> NO <input type="checkbox"/> YES**
2. Is the property in a remote or inaccessible area and/or not visible by neighbors?	<input type="checkbox"/> YES** <input type="checkbox"/> NO	11. Is there a Central Reporting Burglar Alarm system? Proof must be submitted with application to allow credit.	<input type="checkbox"/> NO <input type="checkbox"/> YES
3. Is there fire fighting protection provided by a full time, paid fire department?	<input type="checkbox"/> NO** <input type="checkbox"/> YES	12. Is there a Central Reporting Fire Alarm system? Proof must be submitted with application to allow credit.	<input type="checkbox"/> NO <input type="checkbox"/> YES
4. Is there more than one family in each unit?	<input type="checkbox"/> YES** <input type="checkbox"/> NO	13. Is the dwelling designed and built as a residence?	<input type="checkbox"/> YES <input type="checkbox"/> NO*
5. Does the dwelling have circuit breakers?	<input type="checkbox"/> NO** <input type="checkbox"/> YES	14. Are there any abandoned, nonoperational, or not regularly used vehicles stored on the premises?	<input type="checkbox"/> NO <input type="checkbox"/> YES**
6. Is there a thermostatically controlled heating system?	<input type="checkbox"/> NO** <input type="checkbox"/> YES	15. Is there business conducted on the property? If yes, explain in remarks.	<input type="checkbox"/> NO <input type="checkbox"/> YES
7a. Has the plumbing been updated in the past 10 years? 7b. Type of plumbing? <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Other?	<input type="checkbox"/> NO <input type="checkbox"/> YES	16. Do you employ any full or part time employees? CA Only # in-servants? # out-servants?	<input type="checkbox"/> NO <input type="checkbox"/> YES*
8. Are there ANY unrepaired damages, whether or not covered by insurance, from a prior loss?	<input type="checkbox"/> YES** <input type="checkbox"/> NO	17. Is there an unfenced swimming pool or swimming pool with slide or diving board or an empty swimming pool?	<input type="checkbox"/> NO <input type="checkbox"/> YES*
9. Is the dwelling vacant?	<input type="checkbox"/> YES** <input type="checkbox"/> NO	18. Are there any animals on the premises?	<input type="checkbox"/> NO <input type="checkbox"/> YES***

* DENOTES THE RISK IS GENERALLY NOT ACCEPTABLE FOR LIABILITY COVERAGE.
** DENOTES THE RISK IS NOT ACCEPTABLE UNDER ANY CIRCUMSTANCES.
REFER TO UNDERWRITING GUIDE FOR OTHER ELIGIBILITY REQUIREMENTS.

***INELIGIBLE FOR LIABILITY COVERAGE: Farm animals, exotic or unusual pets, ferocious or dangerous dogs including but not limited to Rotweilers, German Shepards, Pitbulls, Doberman Pincers, Great Danes or Chows, etc.

PLEASE READ: In addition to the ineligible conditions stated above the following are also ineligible. Risks which: 1) are over 60 years old; 2) are in foreclosure; 3) are in commercial, industrial or deteriorating locations; 4) are financed by private parties or trustee; 5) have a replacement cost under \$50,000 or over \$500,000; 6) have a replacement cost that exceed the market value; 7) are undergoing extensive remodeling or construction; 8) are not of frame or frame/stucco construction; 9) have more than one loss in the past 36 months; 10) have a history of dog bites regardless of breed.

REFER TO COMPANY: Any risk located in protection class 9 or 1 0. Or ANY vandalism or theft losses.

Is the dwelling a rental unit? ☐ NO ☐ YES. If yes, is it rented on a weekly or monthly basis? ☐ NO ☐ YES . If YES, the risk is not eligible.
If yes, do you have personal property in the rental unit? ☐ NO ☐ YES. If YES, the property will not be insured.

How many stories?	Number of Bedrooms?	Number of Baths?	Number of Fireplaces?	Formal Dining Room? <input type="checkbox"/> NO <input type="checkbox"/> YES	Den/Family Room <input type="checkbox"/> NO <input type="checkbox"/> YES	Central Air? <input type="checkbox"/> NO <input type="checkbox"/> YES	Attached Garage? <input type="checkbox"/> NO <input type="checkbox"/> YES
Skylights? <input type="checkbox"/> NO <input type="checkbox"/> YES How Many?	Living room floor covering material?	Kitchen floor covering material?	Bathroom floor covering material?	Bedroom floor covering material?	French Doors? <input type="checkbox"/> NO <input type="checkbox"/> YES How Many?	Wooden Deck? <input type="checkbox"/> NO <input type="checkbox"/> YES	Crystal Chandeliers? <input type="checkbox"/> NO <input type="checkbox"/> YES

Have you had any losses in the past 36 months? ☐ NO ☐ YES. If yes, please give complete details. Attach additional sheets if necessary.

Date of Loss	Description of Loss	Amount of Loss

Remarks or Special Instructions	

Public Law 91-508 requires that we advise you that as part of our underwriting procedure a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request additional information as to the nature and scope of the report, if one is made, will be provided. WE DO INSPECT ALL INSURED LOCATIONS AND VERIFY THE INFORMATION YOU PROVIDED.

APPLICANT'S STATEMENT: I hereby declare to the best of my knowledge that the statements made on this application are material and true and complete and that these statements are made as an inducement to Topa Insurance Company to issue the policy for which I am applying. I further understand and agree that any material misrepresentation shall cause the policy, if issued, to be null and void.

Applicant's Signature: _____ Date: _____

I have personally reviewed this application with the applicant and explained the coverages, limitations and exclusions. I have also explained to the applicant that I am not an insurance agent appointed by Topa Insurance Company and I am representing the applicant as his or her agent in this matter.

Agent/Broker's Signature: _____ Date: _____

The effective date of coverage shall be either 12:01 A.M. on the date following the date the application was signed by the applicant, provided the application and payment are received within 3 days of signature date OR if received after 3 days from the date of signature, the effective date shall be the date received or the proposed effective date, whichever is later.

NO coverage shall be considered bound and the application will be rejected if ANY section is incomplete or the risk is ineligible.

NOTICE TO CONSUMERS — CALIFORNIA RESIDENTIAL INSURANCE DISCLOSURE

This disclosure is required by Section 10102 of the California Insurance Code. This form provides general information related to residential property insurance and is not part of your residential property insurance policy. Only the specific provisions of your policy will determine whether a particular loss is covered and the amount payable. The information provided does not preempt existing California law.

PRIMARY FORMS OF RESIDENTIAL DWELLING COVERAGE

You have purchased the coverage(s) checked below. NOTE: Actual Cash Value Coverage is the most limited level of coverage listed. Guaranteed Replacement Cost is the broadest level of coverage.

_____ **ACTUAL CASH VALUE COVERAGE** pays the costs to repair the damaged dwelling minus a deduction for physical depreciation. If the dwelling is completely destroyed, this coverage pays the fair market value of the dwelling at time of loss. In either case, coverage only pays for costs up to the limits specified in your policy.

_____ **REPLACEMENT COST COVERAGE** is intended to provide for the cost to repair or replace the damaged or destroyed dwelling, without a deduction for physical depreciation. Many policies pay only the dwelling's actual cash value until the insured has actually begun or completed repairs or reconstruction on the dwelling. Coverage only pays for replacement costs up to the limits specified in your policy.

_____ **EXTENDED REPLACEMENT COST COVERAGE** is intended to provide for the cost to repair or replace the damaged or destroyed dwelling without a deduction for physical depreciation. Many policies pay only the dwelling's actual cash value until the insured has actually begun or completed repairs or reconstruction on the dwelling. Extended Replacement Cost provides additional coverage above the dwelling limits up to a stated percentage or specific dollar amount. See your policy for the additional coverage that applies.

NOT AVAILABLE GUARANTEED REPLACEMENT COST COVERAGE covers the full cost to repair or replace the damaged or destroyed dwelling for a covered peril regardless of the dwelling limits shown on the policy declarations page.

NOT AVAILABLE BUILDING CODE UPGRADE COVERAGE, also called Ordinance and Law coverage, is an important option that covers additional costs to repair or replace a dwelling to comply with the building codes and zoning laws in effect at the time of loss or rebuilding. These costs may otherwise be excluded by your policy. Meeting current building code requirements can add significant costs to rebuilding your home. Refer to your policy or endorsement for the specific coverage provided and coverage limits that apply.

READ YOUR POLICY AND POLICY DECLARATIONS PAGE CAREFULLY: The policy declarations page shows the specific coverage limits you have purchased for your dwelling, personal property, separate structures such as detached garages, and additional living expenses. The actual policy and endorsements provide the details on extensions of coverage, limitations of coverage, and coverage conditions and exclusions. The amount of any claim payment made to you will be reduced by any applicable deductibles shown on your policy declarations page. It is important to take the time to consider whether the limits and limitations of your policy meet your needs. Contact your agent, broker, or insurance company if you have questions about what is covered or if you want to discuss your coverage options.

INFORMATION YOU SHOULD KNOW ABOUT RESIDENTIAL DWELLING INSURANCE

AVOID BEING UNDERINSURED: Insuring your home for less than its replacement cost may result in your having to pay thousands of dollars out of your own pocket to rebuild your home if it is completely destroyed. Contact your agent, broker, or insurance company immediately if you believe your policy limits may be inadequate.

THE RESIDENTIAL DWELLING COVERAGE LIMIT: The coverage limit on the dwelling structure should be high enough so you can rebuild your home if it is completely destroyed.

Please note:

- The cost to rebuild your home is almost always different from the market value.
- Dwelling coverage limits do not cover the value of your land.

- The estimate to rebuild your home should be based on construction costs in your area and should be adjusted to account for the features of your home. These features include but are not limited to the square footage, type of foundation, number of stories, and the quality of the materials used for items such as flooring, countertops, windows, cabinetry, lighting and plumbing.
- The cost to rebuild your home should be adjusted each year to account for inflation.
- Coverage limits for contents, separate structures, additional living expenses and debris removal are usually based on a percentage of the limit for the dwelling. If your dwelling limit is too low, these coverage limits may also be too low.

You are encouraged to obtain a current estimate of the cost to rebuild your home from your insurance agent, broker, or insurance company or an independent appraisal from a local contractor, architect, or real estate appraiser. If you do obtain an estimate of replacement value, and wish to change your policy limits, contact your insurance company. While not a guarantee, a current estimate can help protect you against being underinsured.

DEMAND SURGE: After a widespread disaster, the cost of construction can increase dramatically as a result of the unusually high demand for contractors, building supplies and construction labor. This effect is known as demand surge. Demand surge can increase the cost of rebuilding your home. Consider increasing your coverage limits or purchasing Extended Replacement Cost coverage to prepare for this possibility.

CHANGES TO PROPERTY: Changes to your property may increase its replacement cost. These changes may include the building of additions, customizing your kitchen or bathrooms, or otherwise remodeling your home. Failure to advise your insurance company of any significant changes to your property may result in your home being underinsured.

EXCLUSIONS: Not all causes of damage are covered by common homeowners or residential fire policies. You need to read your policy to see what causes of loss or perils are not covered. Coverage for landslide is typically excluded. Some excluded perils such as earthquake or flood can be purchased as an endorsement to your policy or as a separate policy. Contact your agent, broker, or insurance company if you have a concern about any of the exclusions in your policy.

CONTENTS (PERSONAL PROPERTY) COVERAGE DISCLOSURE:

This disclosure form does not explain the types of contents coverage provided by your policy for items such as your furniture or clothing. Contents may be covered on either an actual cash value or replacement cost basis depending on the contract. Almost all policies include specific dollar limitations on certain property that is particularly valuable, such as jewelry, art, or silverware. Contact your agent, broker or insurance company if you have any questions about your contents coverage. You should create a list of all personal property in and around your home. Pictures and video recordings also help you document your property. The list, photos, and video should be stored away from your home.

CONSUMER ASSISTANCE

If you have any concerns or questions, contact your agent, broker, or insurance company. You are also encouraged to contact the California Department of Insurance consumer information line at (800) 927-HELP (4357) or at www.insurance.ca.gov for free insurance assistance.

TOPA Insurance Company covers only **Replacement Cost Coverage** or **Extended Replacement Cost Coverage** under home insurance policy; and only **Replacement Cost Coverage** under the dwelling fire policy and unit owner's policy; and only **Actual Cash Value Coverage** under the vacant dwelling policy. None of the other forms stated in the disclosure are available.

The undersigned acknowledges that he or she have been provided a copy of this California Residential Insurance

Disclosure. Signature: _____ Date: _____

(Applicant or Named Insured) Signature not needed at time of renewal.

Dwelling Replacement Cost Disclosure:

The undersigned acknowledges that he or she has been provided a copy of the CALIFORNIA RESIDENTIAL INSURANCE DISCLOSURE.

Signature: _____
(Applicant's Signature)

EARTHQUAKE COVERAGE DISCLOSURE

THE POLICY YOU ARE APPLYING FOR DOES NOT PROVIDE COVERAGE AGAINST THE PERIL OF EARTHQUAKE. CALIFORNIA LAW REQUIRES THAT EARTHQUAKE COVERAGE BE OFFERED TO YOU AT YOUR OPTION.

WARNING: THESE COVERAGES MAY DIFFER SUBSTANTIALLY FROM AND PROVIDE LESS PROTECTION THAN THE COVERAGE PROVIDED BY YOUR HOMEOWNERS' INSURANCE POLICY. THERE ARE EXCLUSIONS AND LIMITATIONS SUCH AS OUTBUILDINGS, SWIMMING POOLS, MASONRY FENCES, AND MASONRY CHIMNEYS. THIS DISCLOSURE FORM CONTAINS ONLY A GENERAL DESCRIPTION OF COVERAGES AND IS NOT PART OF YOUR EARTHQUAKE INSURANCE POLICY. ONLY THE SPECIFIC PROVISIONS OF YOUR POLICY WILL DETERMINE WHETHER A PARTICULAR LOSS IS COVERED AND, IF SO, THE AMOUNT PAYABLE.

THE COVERAGE, SUBJECT TO POLICY PROVISIONS, MAY BE PURCHASED AT ADDITIONAL COST ON THE FOLLOWING TERMS:

- (A) AMOUNT OF DWELLING COVERAGE: _____
APPLICABLE DEDUCTIBLE: 15% OF THE DWELLING COVERAGE. IF YOUR LOSS IS BELOW THIS AMOUNT, YOU SHALL NOT RECEIVE ANY PAYMENT FROM YOUR COVERAGE.

CONTENTS COVERAGE: \$5,000.00
IF YOUR LOSS DOES NOT EXCEED THE DEDUCTIBLE FOR THE DWELLING, YOU WILL NOT RECEIVE ANY PAYMENT FOR THIS COVERAGE.

ADDITIONAL LIVING EXPENSE: \$1,500.00
- (D) RATE OR PREMIUM: _____

YOUR INSURANCE AGENT WILL PROVIDE WRITTEN NOTICE AS TO HOW THE DEDUCTIBLE APPLIES TO THE REPLACEMENT VALUE OF THIS COVERAGE.

WITH THIS OFFER, YOU HAVE BEEN PROVIDED A DESCRIPTION OF ALL COVERAGE AND HOW THE DEDUCTIBLE APPLIES TO THE REPLACEMENT VALUE FOR RESIDENTIAL EARTHQUAKE COVERAGE. THERE ARE NO DISCOUNTS AVAILABLE ON THE PREMIUM FOR RESIDENTIAL EARTHQUAKE COVERAGE.

THE UNDERSIGNED ACKNOWLEDGES THAT EARTHQUAKE COVERAGE HAS BEEN OFFERED, THAT A PREMIUM, OR RATE, HAS BEEN QUOTED FOR EARTHQUAKE COVERAGE AND THAT SAID COVERAGE IS HEREBY ☐ **REJECTED** ☐ **ACCEPTED**

- ☐ THE DWELLING HAS BEEN RETROFITTED BY BOLTING THE STRUCTURE TO THE FOUNDATION, REINFORCING THE CHIMNEY AND SECURING THE WATER HEATER. IF EARTHQUAKE COVERAGE IS ACCEPTED EVIDENCE OF RETROFITTING MUST BE SUBMITTED WITH THE APPLICATION.

Signature: _____ Date: _____
(Applicant's Signature)

NO COVERAGE SHALL BE CONSIDERED BOUND AND THE APPLICATION WILL BE REJECTED IF ANY SECTION OF THIS DISCLOSURE IS BLANK AND/OR NOT PROPERLY SIGNED AND DATED.

California Residential Property Insurance Bill of Rights

A consumer is entitled to receive information regarding homeowner's insurance.

The following is a limited overview of information that your insurance company can provide:

- The insurance company's customer service telephone number for underwriting, rating, and claims inquiries.
- A written explanation for any cancellation or nonrenewal of your policy.
- A copy of the insurance policy.
- An explanation of how your policy limits were established.
- In the event of a claim, an itemized, written scope of loss report prepared by the insurer or its adjuster within a reasonable time period.
- In the event of a claim, a copy of the Unfair Practices Act and, if requested, a copy of the Fair Claims Settlement Practices Regulations.
- In the event of a claim, notification of a consumer's rights with respect to the appraisal process for resolving claims disputes.
- An offer of coverage and premium quote for earthquake coverage, if eligible.

A consumer is also entitled to select a licensed contractor or vendor to repair, replace, or rebuild damaged property covered by the insurance policy. The information provided herein is not all inclusive and does not negate or preempt existing California law. If you have any concerns or questions, contact your agent, broker, insurance company, or the California Department of Insurance consumer information line at (800) 927-HELP (4357) or at www.insurance.ca.gov for free insurance assistance.



LIMITED WATER DAMAGE ENDORSEMENT

Our Maximum Limit of Liability: \$ _____ per occurrence.

Our Maximum Limit of Liability: \$ _____ aggregate.

Loss Deductible: \$1,000 per occurrence.

in consideration of the premium charged, it is hereby understood and agreed that we insure for direct physical loss and all resulting loss from **water damage**, not caused by the negligence of the **Insured**, to property covered under Section I of this policy.

We cover loss caused by **water damage** including the cost of tearing out and replacing that part of a building necessary to repair the system or appliance. **We** do not cover loss to the system or appliance from which caused **water damage**.

The most we will pay per **occurrence** for any **water damage** loss, including any **water damage** related loss, is the amount stated above as **our** Maximum Limit of Liability per occurrence. The maximum we will pay for more than one **occurrence** during any annual policy period is the amount stated above as **our** Maximum Limit of Liability aggregate.

Exclusions: This endorsement is subject to all of the exclusions contained in SECTION I – PERILS INSURED AGAINST and SECTION I - EXCLUSIONS, except losses caused by **water damage**, and the following additional exclusions:

- 1) Discharge or leakage from;
 - a) an automatic sprinkler system or
 - b) A sump or related equipment and parts, including overflow due to sump pump failure or excessive volume of water;
- 2) The cost to repair any defect that caused the loss or damage;
- 3) Loss or damage caused by or resulting from continuous or repeated seepage or leakage of **water** that occurs over a period of time exceeding 12 hours;

Deductible: With respect to loss to property covered under this endorsement, loss from each **occurrence** shall be adjusted separately and from the amount of each adjusted loss or the applicable Limit of Liability shown above, whichever is less, the deductible amount stated above shall be deducted. No deductible shall apply with respect to Coverage D-Loss of Use.

Important Notice to Policyholder

This is a limited home insurance policy. Please read your insurance policy carefully as it contains numerous exclusions and limitations.

We would like to bring to your attention the fact that this insurance policy does not provide any property damage or liability coverage resulting either directly or indirectly from the peril of water.

Limited **water damage** coverage can be purchased for an additional premium charge. If you did not purchase this coverage at the time you applied for this insurance and you now wish to purchase this coverage, please contact your agent for an explanation of the coverage and the premium charge. If you elect to purchase limited **water damage** coverage, you must make a written request to add limited water damage coverage and pay the premium. The coverage will become effective the date following the date of your postmarked envelope or in the event there is no postmark envelope then the date following the date the request was received by our authorized representative. **WARNING:** Your retail agent is not an authorized representative of Topa Insurance Company.

Re: Fire/Home Application for _____

The undersigned acknowledges that he or she has been offered Limited Water Damage coverage, and coverage has been

☐ Rejected

or

☐ Accepted with a Limit of ☐ \$5,000 for a premium of \$50 or
☐ \$10,000 for a premium of \$75

Applicant's Signature

Date

Agent's Signature

Date



**RACE, NATIONAL ORIGIN & GENDER FORM
COMMUNITY SERVICE STATEMENT
TOPA INSURANCE COMPANY**

FOR NEW BUSINESS ONLY

This information is requested by the State of California in order to monitor the insurer's compliance with the law. All new policyholders are requested to voluntarily provide the following information.

No such information shall be used for purposes of underwriting or rating any policyholder.

Policyholder's Name and Address (to be provided in order to refer back to the policy)

Note: use additional forms if needed.

Policy Type

Fire Personal _____
Homeowners _____
Private Passenger Auto-Liability _____

Fire Commercial _____
Commercial Multi-Peril _____

- *If policyholder does not wish to provide the Department of Insurance with this information, please check here.* _____

Check the Race or National Origin as it applies to the policyholder(s). For the purpose of completing this form, the policyholder is defined as: an individual, spouse, domestic partner, or business partners(s) named on the policy.

	POLICYHOLDER			CO-POLICYHOLDER		
	Male	Female	Business	Male	Female	Business
African-American	_____	_____	_____	_____	_____	_____
American Indian or Alaskan Native	_____	_____	_____	_____	_____	_____
Asian/Pacific Islander	_____	_____	_____	_____	_____	_____
Latino	_____	_____	_____	_____	_____	_____
White	_____	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____	_____

For Topa use only: Policy No: PC/SMP _____