

Earthquake Insurance Retrofitting Information Form

NOTICE TO HOMEOWNER. Completion of this certificate <u>may</u> entitle you to a reduction in your earthquake insurance premium. This certification form is solely for the purpose of enabling residential property owners to request a reduction in their earthquake insurance premium. It is not to be construed as any type of express or implied warranty. Any intentional misrepresentation relating to the completion or presentation of this form constitutes fraud.

This form must be completed by a **licensed building contractor**, **civil or structural engineer**, **licensed AIA architect**, **or trained seismic inspector**. Additional documentation may be attached to this form.

Applicant / Name Insured		2. Quote / Policy Number
3. Property Address (street, city, state, zip code)		,
4. Insured's Phone Number or E-Mail Address		
5. Type of foundation	6. 1	Does the dwelling have cripple walls? ☐ No ☐ Ye
7. Water Heater	L	
3. Property Address (street, city, state, zip code) 4. Insured's Phone Number or E-Mail Address 5. Type of foundation 6. Does the dwelling have cripple walls? No Yes 7. Water Heater Type: Gas Electric Tankless # of Straps: 8. Date Retrofit was Completed or Date of Inspection I,, a licensed building contractor, civil or structural PRINT INDIVIDUAL'S NAME engineer, licensed AIA architect, or seismic inspector, do hereby certify that the residence indicated above: 9. has been properly bolted to the foundation for the entire dwelling and the bolting meets the minimum requirements of the 1997 UBC Code, Section 1806.6; and 10. has cripple wall bracing (if applicable) that meets the minimum requirements of the 1997 UBC Code, Section 2320.11.5; and		
I,PRINT INDIVIDUAL'S NA	ME	, a licensed building contractor, civil or struct
3. Property Address (street, city, state, zip code) 4. Insured's Phone Number or E-Mail Address 5. Type of foundation 6. Does the dwelling have cripple walls? No Yes 7. Water Heater Type: Gas Electric Tankless # of Straps: 8. Date Retrofit was Completed or Date of Inspection 1,, a licensed building contractor, civil or structura PRINT INDIVIDUAL'S NAME engineer, licensed AIA architect, or seismic inspector, do hereby certify that the residence indicated above: 9. has been properly bolted to the foundation for the entire dwelling and the bolting meets the minimum requirements of the 1997 UBC Code, Section 1806.6; and 10. has cripple wall bracing (if applicable) that meets the minimum requirements of the 1997 UBC Code, Section 2320.11.5; and 11. has water heater(s) double strapped to prevent movement in a seismic event that meet the minimum requirements of the 1997 UBC Code, Section 510.5. Engineer / Contractor / Architect / Seismic Inspector 12. Professional title or designation 13. License number 14. Bonded with state No Yes 15. Business or organization name 16. Business telephone 17. Business Address (street, city, state, zip code)		
		t meets the minimu
	event movement in	a seismic event that meet the minimum requirement
12. Professional title or designation	13. License number	14. Bonded with state ☐ No ☐ Ye
15. Business or organization name		16. Business telephone
17. Business Address (street, city, state, zip code)		1
18. Signature of Engineer / Contractor		19. Date