

STRATA COPORATION EARTHQUAKE DEDUCTIBLE ASSESSMENT INSURANCE APPLICATION

Insured(s)					
Mailing Address	s			Postal C	ode
Location				Postal C	ode
Occupancy					
Insured's Cond	o Unit Owner's Insurer				
Policy Number					
		•			
Requested Effe	ctive Date				
DATING OFFI					
KATING & PREI	(Minimum \$25,	MIT 000 to Maximum 0,000)	ANNUAL I	PREMIUM m retained*)	DEDUCTIBLE
KATING & PREI	Ll i (Minimum \$25,	000 to Maximum			DEDUCTIBLE \$1,000
	Ll i (Minimum \$25,	000 to Maximum			
	LI I (Minimum \$25, \$100	000 to Maximum			

Quotation is valid for 30 days.