

ROCKFORD MUTUAL INSURANCE COMPANY
Rockford, IL

EARTHQUAKE APPLICATION

Policy # _____

Name of Applicant _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Occupation _____

Issue Policy As: Town Farm Mode of Billing: Annual Semi-Annual
Agency Direct

Applicant Is: Owner/Occupant Tenant Landlord Located In: Terr 2 Terr 3

Policy Effective: _____ to _____ Terr 4 Terr 5

LOCATION OF PROPERTY INSURED

FARM & RURAL								TOWN		
Loc	Acres	Qtr	Sec	Twp	Rge	County	State	Legal Description or Address	Town	Zip

PROPERTY INSURED

Loc	Property Insured	Construction	Year Built	Limit	Premium
	Dwelling				
	Auxillary Private Structure				
	Personal Property				
	ALE or Rental Value				

Indicate: Replacement Cost Actual Cash Value Total Policy Premium _____
Semi-Annual Premium _____

Is coverage for brick veneer to be provided? Yes No Minimum Premium _____

Applicant's Signature _____

Date _____ Agent _____ Agent No. _____