CEA EARTHQUAKE INSURANCE - DWELLING RETROFIT VERIFICATION FORM

	PARTICIPATING INSURER A	AND POLIC	YHOLDER INFORMATI	ON				
CEA Participating Insurance Company:					EA Policy #:			
Name of Policyholder:					none #:			
Address listed on the CEA policy and inspected:								
Street:					-mail:			
City ZIP Code:					Date Inspected			
	DWELLIN	IG INFORM	IATION					
Year of dwelling construction:								
• Is the dwelling a wood frame single family home (1 -4 attached residential units)?					0	Yes	\circ	No
• Is the dwelling anchored to the foundation in accordance with the applicable building codes, as determined by an inspection conducted in accordance with the California Earthquake Authority (CEA) Dwelling Retrofit Verification (DRV) Requirements.					0	Yes	0	No
• Is the dwelling on a raised or other foundation type?* (A house constructed on a slab foundation does not qualify for discoundation)					\circ	Yes	0	No
Opes the dwelling have cripple walls?					\circ	Yes	0	No
 If yes, are the cripple walls braced in accordance with applicable building codes, as determined by an inspection conducted in accordance with the CEA DRV Requirements? 					0	Yes	0	No
Is the dwelling on a post-and-pier or post-and-beam foundation?					\circ	Yes	\circ	No
o If yes , is the dwelling on the post-and-pier or post-and-beam foundation modified in accordance with applicable building codes, as determined by an inspection conducted in accordance with the CEA DRV Requirements?					0	Yes	0	No
Is the dwelling on a unreinforced masonry-brick, concrete block, or stone foundation?					\circ	Yes	0	No
o If yes, is the dwelling on the unreinforced masonry-brick, concrete block, or stone foundation modified in accordance with applicable building codes, as determined by an inspection conducted in accordance with the CEA DRV Requirements?					0	Yes	0	No
 Is the water heater secured to the building frame in accordance with Guidelines for Earthquake Bracing Residential Water Heaters (California Department of General Services, Division of the State Architect)? Tankless water heater shall be installed in accordance with manufacturer's requirements. 					0	Yes	0	No
* Definitions of foundation types are on the	•	•						
CIVIL OR STRUCTURAL ENGINEER or LICENSED CONTRACTOR INFORMATION								
General Building Contractor Civil or Structural Engineer License Number:								
Contractor or Engineering Business Name: Was this retrofit w			tity the engineer or contractor of record for this k?			Yes	0	No
Address:								
Contractor/Engineer Name:			hone #:		Date	:		
Contractor/Engineer Signature:			Professional Title or Designation, if any:					
By signing above, I certify that I have inspected best of my knowledge, for the purpose of veri inspection, and my signature above, are not to guarantee, or endorsement, or opinion of the	ifying whether the seismic retrofit do be deemed an evaluation, approva	lescribed abov al, or endorser	ve has been completed in a nent of the quality or work	accordance w manship of t	ith appl	icable bu	ilding cod	les. My
BRACE + BOLT PROGRAM RETROFIT VERIFICATION								
B+B Application Number			pproved Date:	Ve	Verification Number:			
PROCESSING								
To obtain the discount, this CEA Earthquake Insurance Dwelling Retrofit Verification form must be completed requiring a signature (by a licensed general contractor or a civil or								

To obtain the discount, this CEA Earthquake Insurance Dwelling Retrofit Verification form must be completed requiring a signature (by a licensed general contractor or a civil or structural engineer) or a valid Brace + Bolt verification number listed on the form. Send the completed form to your insurance agent/homeowners insurance company for processing.

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