CEA EARTHQUAKE INSURANCE - DWELLING RETROFIT VERIFICATION FORM

CEA Participating Insurance Company:			CEA Policy #:	
Name of Policyholder:			Phone #:	
Address listed on the CEA policy and i	nspected:		E-Mail:	
Street:				
City: ZIP code:		Date inspected:		
Year of dwelling construction:				
 Is the dwelling a wood frame single family home (1-4 attached residential units)? Is the dwelling on a raised foundation (except for any attached garage on a slab foundation - the 				
garage may or may not have living space above it)? • 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 heaters shall be installed in accordance with the manufacturer's requirement:			☐ Yes ☐ No	
FOUNDATION BOLTING				
Is the dwelling anchored to the foundation according to the California Building Code*? ☐ Yes ☐ No				
RAISED FOUNDATIONS				
Cripple Walls:				
Does the dwelling have cripple walls? ☐ Yes ☐ No				
If YES, are the cripple walls braced in accordance with California Building Code bracing standards using plywood or its equivalent and installed according to the California Building Code bracing standards*? ☐ Yes ☐ No				
Note: Post-and-pier or post-and -beam foundations do not qualify unless, in compliance with California Building Code standards, foundations are placed continuously under all exterior bearing walls, the dwelling is anchored to the perimeter foundation, and all cripple walls are braced. Post-and-pier or post-and-beam foundation retrofit compliance must be confirmed by a registered Civil Engineer or Structural Engineer.				
CIVIL OR STRUCTURA	L ENGINEER or L	ICENSED CONTRACTOR	INFORMATION	
Business or Organization Name:	isiness or Organization Name: General Building Co		Currently bonded? ☐ Yes ☐ No	
Civil or Structural Engineering License Number (California registration only):				
Address:				
Engineer/Contractor Name:		Phone #:	Date:	
Engineer/Contractor Signature ‡:		Professional Title or Designation, if any:		
BRACE + BOLT PROGRAM RETROFIT VERIFICATION				
BB Application Number:	Approved Date:	Ve	rification Number:	
For Insurance Company Use Only Applicant meets self-verification criteria – 5% Discount Applicant meets advanced (verified**) – 10% or 20% Discount CEADRV Form Received** **A completed and signed CEA Earthquake Insurance Dwelling Retrofit Verification		Hazard Reduction Discount Qualification: Yes No Yes No Yes No Cation Form – CEADRV form is required to obtain this discount.		
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‡ It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

*Compliance with the California Building Code means that modern bracing and anchoring measures have been properly installed in accordance with building codes or approved plan sets. Modern provisions for bracing and anchoring of cripple walls can be found in:

1997 Uniform Building Code (UBC)	2000 International Building Code (IBC)
• 1997 Uniform Code for Building Conservation (UCBC)	CBC Appendix Chapter A3 (latest edition)
Plan Set A (if adopted by local bldg. dept.)	Los Angeles Standard Plan Set No. 1 (if adopted by local bldg. dept.)

Send the completed form to your insurance agent/homeowners insurance company for processing.

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