## Lexington Insurance Company Homeowners / Dwelling Program Application



APPLICANT	Nam					Occupat	tion		E	Employer		Date of Birth			
Insured Location (if different than mailing address)					City/State/Zip				County						
Mailing Ad	dress	(if different that	an insu	red location			City/ State/Zip				County				
Inspection Contact					Phone Number				·						
Producer Name					Phone Number										
Prior Carrier Expiration				ation Date	on Date Expiri			nium	Effective Dat	ctive Date (of this policy)					
If prior carrier has cancelled or non-renewed, please explain why? (Missouri Applicants need not apply)															
If the insured has not carried insurance within the last 12 months please explain why?															
Within the last 5 years has the applicant had (check all that apply): [ ] Foreclosure [ ] Bankruptcy [ ] Repossession [ ] Lien															
Mortgagee	(Name	/Mailing Add	ress In	cluding Zip (	Code)				L	oan #					
Mortgagee	(Name	/Mailing Add	ress In	cluding Zip (	Code)				L	oan #					
Additional	Insure	ed (Name/Add	ress/Ci	ity/State/Zip)						Describe Interest					
Grantor, Bo	enefici	ary or Truste	e (For	Named Insur	reds that ar	e Trusts, E	rusts, Estates, etc.)			Date of Birth					
COVERAGE	S/LIN	MITS OF LIA	RII IT	TV/DEDIICT	TIRLES				·						
Policy Forn		Dwelling/ (A			Other St	ructures	Personal P	roperty		Loss of Use	Liability	Medical Payments			
[ ] HO															
[ ] HO	<b>)-6</b>	Loss Assessment   Ordinance or Law				10% includ	ded) AOP I	Deductible		l/Hail Deductible ed Storm Deductible	[ ] Y/N [ ] Y/N	Other Deductible (e.g. Water Damage, Theft)			
[ ] DP	P-3			[ ]15	% [	] 25%			- 141111	<u>%</u> [100% if wind pe		(c.g. water Damage, Thert)			
RATING AN	D UP	DATES INFO	RMA	TION											
		#(if PC 9/10, r			al app)	Dista	nce to Fire H	ydrant: _		feet	Fire Departme	ent			
I					Dista	Distance to Fire Station:			miles	[ ] Paid	[ ] Volunteer				
Occupancy	Occupancy  If dwelling is rented, # of weeks per year														
Primary	Seco	ondary R	ental 1	Seconda	ary Rental	l Build	ers Risk (requ	uires supple	mental	app) Vacant	Unoccupied	f 1			
Construction	on L	J L		L	<u> </u>	L	J			L J	L J	I L J			
[ ]Fra	[ ]Frame/Stucco [ ]Masonry [ ]Masonry Veneer [ ]Superior [ ]EIFS [ ]Log (requires supplemental app)														
Year Built		Square Foo	tage	# of Famili	T	Stories	If HO4/6,				<u> </u>	, comment			
							How many	floors in th	ne buil	ding?	On which	floor is the unit?			
Protective Alarms/Devices															
	ntral F		] Cen	tral Burgla	r	[ ] §	Smoke Detect	ors	[	] Interior Sprinkler	rs [	] Deadbolt			
Windstorm Mitigation															
[ ] Hip Roof [ ] Roof Straps [ ] Protective Glass [ ] Metal Electronic Shutters [ ] Metal Manual Shutters [ ] Plywood Shutters  Roof Type															
(Year Updated)															
Was the dwelling gutted and  Does the dwelling include any live knob  Does the dwelling include any fuses?  Does the dwelling include any lead															
completely remodeled?   and tube wiring?   piping as part of the plumbing system?     Y   N   N   N   N   N   N   N   N															
LOSS HISTORY (Loss History includes all losses within the last 3 years regardless of location)															
Date		pe of Loss	nciud	es an iosses <u>Cau</u>			Amount	Open or C		Unrepaired dama (Y or N)	Prev	Preventative Measures			
										- 7					
	1		1			1									

ADDITIONAL UNDERWRITING INFORMATION (ch	eck all app	licable)						
Is business conducted on premises?	• •	[ ] Y	[ ]N	Is the dwelling for sale?	[ ] Y	[	] N	
If yes, explain:  Is the dwelling undergoing any renovation or construct	ion?	[ ]Y	[ ]N	Is the dwelling rented to students?	[ ]Y		] N	
(if yes, requires supplemental Builder's Risk app)	1011 :	[ ]1	[ ]14	is the awening rented to students:	[ ]1	L	] 14	
Do you or any tenant that occupies the premises own a	ny animals	? [ ] Y	[ ]N	Is there a woodstove on premises?	[ ]Y	[	] N	
Type(s):Breed(s):	Bite Histo	ry:	<u>.</u>	(if yes, requires supplemental heating que If yes, is it a primary heat source?	estionnaire) [ ] Y	[	] N	
I dha daadha aa dha Nadaaal III daada Daabaan		r 137	r 1N	Is there a swimming pool?	[ ] <b>Y</b>	[	] N	
Is the dwelling on the National Historic Register?		[ ]Y		[ ] Fenced [ ] Unfenced				
Has flood insurance been purchased to the full value of Has anyone with financial interest in the property been				· ·	[ ]Y	[ leet 5 1	] N	
[ ]Y [ ]N	convicted	01 415011, 11 400	i, or other ermi	related to a loss on the property now or	within the	iasi 5 j	years.	
California Only:	0.5		California O		0.5			
Is there 150 feet of brush clearance around all structure	es?[	Y [ ]N		ke roof, is there1000 feet of brush clearant Retardant Treatment?	ace? [	] Y   ] Y		
			15 there I he	Remidunt Trutment.		<u> , , , , , , , , , , , , , , , , , , ,</u>	1 111	
OPTIONAL COVERAGES/ENDORSEMENTS		T		· · · · ·			ı	
Personal Property Replacement Cost	Yes	No	Extending Lia	ibility soccupancy				
Special Personal Property All Risk Coverage C	Yes	No						
Special Computer Coverage	Yes	No	address	<del></del>				
opecui computer coverage	105	110			Ye	'S	No	
<b>Extended Replacement Cost Dwelling</b>			Watercraft Li	ability				
[ ] 125% [ ] 150%	Yes	No	water craft Li					
Upgrade to Green Residential Endorsement	Yes	No	Engine Type:					
LexElite Eco-Homeowner	Yes	No	Length feet				No	
			Increased Lin	nits on Business Property				
Personal Injury	Yes	No	If ves,	] \$10,000 [ ] \$25,000	Ye	•6	No	
Water Back Up and Sump Pump Overflow	165	110	Golf Cart Cov		5	110		
[ ] \$5,000 [ ] \$10,000 [ ] \$25,000	Yes	No	# of conts	volvo voon				
[ ] \$3,000 [ ] \$10,000 [ ] \$23,000	Tes	No	# of carts value year					
Increased Special Limits (all)	Yes	No No	make_	model serial #	Ye	S	No	
Increased Special Limits (Jewelry/Watches/Furs)	Yes		Include Liabi	ity for Golf Carts	Ye	:S	No	
			HO6 All Risk	Coverage A				
Identity Fraud	Yes	No			Ye	<u>s</u>	No	
Directors & Officers Coverage	Yes No		Pet Critical Injury Coverage			es	No	
Limited Fungi (Mold), Wet or Dry Rot Coverage			# Dogs [	] # Cats [ ]				
	No							
Section I: \$10K [ ] \$25K [ ] \$50K [ ] Section II: \$10K [ ] \$25K [ ] \$50K [ ]	Yes	140	Earthquake Coverage (States other than CA, OR, WA)			es	No	
Section II: \$10K[ ] \$25K[ ] \$50K[ ]			Earthquake (	overage (CA, OR, WA Only)				
Sinkhole Coverage (Florida Only)	Yes	No	•	Ye	'S	No		
	165	110	Limited [	] Deluxe [ ]				
If yes to Sinkhole Coverage (Florida Only):			If yes to Earth	quake Coverage in CA, OR, WA:				
1) Have you observed: (i) the signs of settling, cracking.	bulging, s	agging.	1) If located o	on a hillside, is the slope 25 degrees or less	s? [ ]	Y [	] N	
bending, leaning, shrinkage or expansion of any part of				ween 1920 and 1950, is there full seismic		_	•	
other structure or (ii) any depression in the ground su	rface on th	e	[ ]Y	[ ] N				
premises? [ ]Y [ ]N	ling built on tall walls or posts?		Y [ Y [	] N				
2) Have you been told, has it been disclosed to you or are you otherwise aware of: (i) a sinkhole that might affect the dwelling or other structures or (ii) any other partial or complete sinking or collapse of the dwelling or other  4) Is the foundation concrete/steel and reinforced?  5) Are the water heater and fireplace chimney securely bolted to study or foundation?							] N elling	
							N	
structures? [ ] Y [ ] N	<b>8</b>					Υ [	•	
3) At any time, has this property had any prior sinkhole	e claims?							
[ ]Y[ ]N								
The following Ontional Coverage/F-1	monts	included as d-	coribed below	To remove these severages, places select	"Ont ort"			
The following Optional Coverages/Endorse	тенья аге		1	0 12	- Ծիւ ԾԱՐ	1	Opt out	
LexShare Home Rental Coverage  [ ] Opt out Included on HO3, HO4 & HO6 if Coverage D applies in the following D applies D applies in the following D applies D								
Included on all HO3 & HO6 if occupancy is Secondary, Se	CO, DE, FL, GA, LA, MA, MS, NC, NJ, N							
	rr	ry occupancy	MD, VA	woolidown			Ont 5t	
Cyber Safety Coverage Included on all HO3, HO4 & HO6	L	] Opt out	Mechanical B Included on all		L	J	Opt out	

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO KANSAS APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARED WITH KNOWEDLGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIAL FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: 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.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

NOTICE: RISK SPECIALISTS COMPANIES INSURANCE AGENCY, INC., THE SURPLUS LINES INSURANCE BROKER THAT IS SUBMITTING THIS APPLICATION TO LEXINGTON INSURANCE COMPANY ("LEXINGTON"), MAY CHARGE YOU A FEE FOR PLACEMENT OF INSURANCE IN THE EVENT THAT THE INSURANCE YOU ARE REQUESTING IS ACCEPTED BY LEXINGTON. IF LEXINGTON ACCEPTS SUCH INSURANCE, THIS FEE WILL BE STATED IN THE QUOTE, BINDER, AND POLICY. YOUR ACCEPTANCE OF ANY SUCH QUOTE WILL CONSTITUTE YOUR AGREEMENT TO PAY SUCH FEE.

PRODUCER'S SIGNATURE:DATE:
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Applicant's Statement: The undersigned applicant declares that if the information supplied on this application changes between the date of this application and the time when the insurance policy is issued, the applicant will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorizations or agreement to bind this insurance.

The undersigned applicant further declares that I have read and understand the entire application including the applicable fraud warning, if any, and that the statements set forth in this application are true and complete.

APPLICANT'S SIGNATURE:	DATE: