Lexington Insurance Company Homeowners / Dwelling Program Application

Applicant Occu		Occupati	ccupation		Employer			Date of Birth	
Mailing Address			City/State/Zip				Con	ınty	
Insured Location (if	different than mailing addre	ess)	City/ State/	City/ State/Zip			Cor	ınty	
<b>Inspection Contact</b>				Phone Number					
Producer Name				Phone Number					
Prior Carrier		<b>Expiration Date</b>		Expiring Premium Effective Date (of this policy)			policy)		
If prior carrier, or a	previous carrier, has can	celled or non-renewed,	please expla	in why? (MIS	SOURI APPL	ICANTS NEED I	NOT REPLY)		
If the insured has no	t carried insurance within	the last 12 months plea	se explain w	hy?					
	rs has the applicant had a		osure	[ ] Ba	ankruptcy	[ ] Reposs	session		
Mortgagee (Name/M	ailing Address Including Zi	p Code)			Loan #				
Mortgagee (Name/M	ailing Address Including Zi	p Code)			Loan #				
Additional Insured (	Name/Address/City/State/Z	ip)		Describe Interest					
COVIED A CECIL IMIT	SC OF LIABILITY								
Policy Form D	welling/ (A&A HO-6)	Other Structures	Personal P	roperty	Loss of Us	e Person	al Liability	Medical Payments	
[ ] HO-3									
[ ] HO-4 [ ] HO-6	oss Assessment Ord	inance or Law (10%	provided)	AOP Deduc	tible Wind/H	Iail Deductible		Other Deductible	
[ ] DP-3   \$	[	] 5% [ ] 15% [	] 25%		%	[ ] Exclud	e [ ] AOP		
RATING INFORMAT	TION								
Territory # Protection Class # Distance to					:	feet	Fire Departm	ent	
			Distance to	t a v Tit Ci at			[ ] Volunteer		
Occupancy									
[ ] Primary [ ] Secondary [ ] Rental [ ] Secondary Rental [ ] Builders Risk (requires supplemental app) [ ] Vacant  Construction									
[ ] Frame/Stucco [ ] Masonry [ ] Masonry Veneer [ ] Superior [ ] EIFS [ ] Log (requires supplemental app)									
[ ] Frame/Stucco [ ] Masonry [ ] Masonry Veneer [ Construction Style				] Superior Yea		Square Footage	# of Stories	***	
[ ] Ranch [ ] Cape [ ] Colonial Other:									
Roof Type Foundation Type						•			
[ ] Comp [ ] Shake [ ] Tile [ ] Slate Other:									
[ ] Central Fire [ ] Central Burglar [ ] Local Fire [ ] Local Burglar [ ] Smoke Detector [ ] Interior Sprinklers									
Market Value									
\$ [ ]Y [ ]N [ ]Y [ ]N Tours? [ ] [ ]Y [ ]N Since what date?									
If HO4/6, How many floors in the building? On which floor is the unit? How many units in the building?									
Underta Information (required if home >25 years old)  Was home completely gutted and remodeled?									
			] Comp.	[ ] Y Heating [	[ ] N ] Part. [	If yes, wha	mbing [ ] I	Part. [ ]Comp.	
YearYearYearYear									
LOSS HISTORY									
Note: Loss History includes all losses within the last 3 years regar  Date Type of Loss Cause			rdless of loca	tion and any loss greater than \$1,000,000 regardless of location Amount Preventative Measures		on or date.			
	1	1							

ADDITIONAL UNDERWRITING INFORMATION (	check all app	olicable)						
Eligible for the Wind pool? [ Windstorm Mitigation	]Y [	] N	Distance to Ocean/Bay/Gulf:Miles	Fe	eet			
[ ] Hip Roof [ ] Roof Straps [ ] Prof	tective Glass	[ ] Me	tal Electronic Shutters [ ] Metal Manual Shutters [	] Plywood	l Shutters			
			ll in the dwelling or any other structure on the premises? [ ] Y	- 0				
2) Is there any odor of sulfur in the dwelling, any corrosion of any personal property, wiring, or any heating, ventilation or air conditioning system? [] Y [] N								
Has anyone with financial interest in the property been convicted of arson, fraud, or other crime related to a loss on the property now or within the last 5 years?  [ ] Y [ ] N								
Is there a trampoline on premises?	1 <b>V</b>	f 1N	Davegra conducted on promises?	1 <b>V</b> f	1 N			
Is there a trampoline on premises? [ Is there a fuel tank on premises? [	] Y	[ ]N	Daycare conducted on premises? [ Is business conducted on premises? [	]Y [	] N			
Te and I have a life and I have a		1 0 1	Te and the					
If yes, [ ] Underground [ ] Basement  Do you own any animals? [	1 Y	bove Ground N	If yes, explain: Is the dwelling rented?	1 <b>Y</b> [	1 N			
	Bite History:	: [ ]N	If yes, how many weeks? Rented t  Is the dwelling undergoing any renovation or reconstruction	to students?	_[]			
[ ] Fenced ] Unfenced [ ] Diving				(if yes, requires supplemental questionnaire) [ ] Y [ ] N				
Gated Community?	] Y	[ ]N	Is there a woodstove on premises?	] Y [	] N			
Patrolled? [ Caretaker?	] Y ] Y	[ ]N [ ]N	If yes, is it a primary heat source?	1 <b>Y</b> [	1 N			
Resident Caretaker?	] Y	[ ]N	(supplemental questionnaire required for all wood burning stove		•			
ODELONAL COVIEDA CEC/ENDODCEMENTE								
OPTIONAL COVERAGES/ENDORSEMENTS				$\overline{1}$				
Personal Property Replacement Cost	Yes	No	Directors & Officers Coverage Extending Liability	Yes	No			
Special Personal Property Coverage	Yes	No	Extending Liability					
Special Computer Coverage	Yes	No	# of properties occupancy	_				
Extended Replacement Cost Dwelling		- 10	if rental, how long (weekly, annual, etc.):					
				7				
[ ] 125% [ ] 150%	Yes	No	address	Yes	No			
Upgrade to Green Residential Endorsement	Yes	No	Watercraft Liability					
LexElite Eco-Homeowner	Yes	No	Engine Type: [ ] Inboard [ ] Outboard					
Personal Injury	Yes	No	Length feet	Yes	No			
1 ersonar mjur y	165	110	Increased Limits on Business Property	Tes	110			
					•			
Increased Special Limits (Jewelry/Watches/Furs)	Yes	No	If yes, [ ] \$10,000 [ ] \$25,000 Golf Cart Coverage	Yes	No			
Increased Special Limits (all)	Yes	No	Son curve coverage					
Water Back Up and Sump Pump Overflow			# of carts valueyear	-				
[ ] \$5,000 [ ] \$10,000 [ ] \$25,000	Yes	No	make model serial #	Yes	No			
				1				
Family Security Endorsement	Yes	No	Include Liability for Golf Carts	Yes	No			
Identity Fraud	Yes	No	HO6 All Risk Coverage A	Yes	No			
FLORIDA Sinkhole Coverage [								
1) Have you observed: (i) the signs of settling, crack			Iave you been told, has it been disclosed to you or are you other					
bending, leaning, shrinkage or expansion of any par other structure or (ii) any depression in the ground			khole that might affect the dwelling or other structures or (ii) nplete sinking or collapse of the dwelling or other structures?		rtial or ] N			
premises? [ ]Y [ ] N	i sui iace on i		At any time, has this property had any prior sinkhole claims?		] N			
Earthquake Coverage [ ] Y [	1 N	•	EQ Zone EQ Territory					
If yes, [ ] Standar	_	] Deluxe						
CALIFORNIA, OREGON AND WASHINGTO			CALIFORNIA BRUSH					
Soil Type: [ ] Hard Rock [ ] Soft		] Stiff Clay	[ ] Soft Soil Other					
Is Dwelling on tall walls or posts?	] Y	[ ] N	Is the property located in a brush zone?	]Y [	] N			
If built > 1920 & < 1950, full seismic retrofitting? [ ] Y [ ] N Brush Density: [ ] Low [ ] Moderate [ ] Heavy [ ] Extreme								
Is the Dwelling Located on a Hillside?	] Y	[ ] N	Is there 150 feet of brush clearance around all structures? [ ] Y [ ] N					
Slope: Degrees Distance to Brush: Feet								
Is there unrepaired earthquake damage? [ ] Y [ ] N Automatic Exterior Sprinkler within the brush area? [ ] Y [ ] N								
Is there unrepaired earthquake damage? [ ]Y [ ]N Automatic Exterior Sprinkler within the brush area? [ ]Y [  If Wood Shake roof, 1000 Feet of brush clearance? [ ]Y [								
Is there extensive un-reinforced masonry cladding?	[ ]Y	[ ]N	Fire Retardant Treatment?	] Y [	] N ] N			

## ADDITIONAL COMMENTS

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 IN THE THIRD DEGREE.

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 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 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.

· · · · · · · · · · · · · · · · · ·	ANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT,						
FILES AN APPLICATION FOR INSURANCE OR STATEM	WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON NT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE G ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH MAY BE A CRIME AND PENALTIES.						
PRODUCER'S SIGNATURE:	DATE:						
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 any, and that the statements set forth in this ap	have read and understand the entire application including the applicable fraud warning, if lication are true and complete. $aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa$						
APPLICANT'S SIGNATURE:	DATE:						