

Lexington Insurance Company

Homeowners / Dwelling Program Application

APPLICANT INFORMATION

Name		Occupation	Employer	Date of Birth
Insured Location (if different than mailing address)		City/State/Zip		County
Mailing Address (if different than insured location)		City/State/Zip		County
Inspection Contact			Phone Number	
Producer Name			Phone Number	
Prior Carrier	Expiration Date	Expiring Premium	Effective 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): <input type="checkbox"/> Foreclosure <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Repossession <input type="checkbox"/> Lien				
Mortgagee (Name/Mailing Address Including Zip Code)			Loan #	
Mortgagee (Name/Mailing Address Including Zip Code)			Loan #	
Additional Insured (Name/Address/City/State/Zip)			Describe Interest	
Grantor, Beneficiary or Trustee (For Named Insureds that are Trusts, Estates, etc.)			Date of Birth	

COVERAGES/LIMITS OF LIABILITY/DEDUCTIBLES

Policy Form	Dwelling/ (A&A HO-6)	Other Structures	Personal Property	Loss of Use	Liability	Medical Payments
<input type="checkbox"/> HO-3	Loss Assessment	Ordinance or Law (10% included)	AOP Deductible	Wind/Hail Deductible <input type="checkbox"/> Y/N Named Storm Deductible <input type="checkbox"/> Y/N _____ % [100% if wind peril is excluded]		Other Deductible (e.g. Water Damage, Theft)
<input type="checkbox"/> HO-4						
<input type="checkbox"/> HO-6						
<input type="checkbox"/> DP-3						
<input type="checkbox"/> HO8 or DPI	<input type="checkbox"/> 15% <input type="checkbox"/> 25%					

RATING AND UPDATES INFORMATION

Protection Class #(if PC 9/10, requires supplemental app)		Distance to Fire Hydrant: _____ feet		Fire Department		
		Distance to Fire Station: _____ miles		<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer		
Occupancy					If dwelling is rented, what is the minimum # of days rented per tenant? [] # of days	
Primary	Secondary	Rental	Secondary Rental	Builders Risk (requires supplemental app)		Vacant
[]	[]	[]	[]	[]	[]	[]
Construction						
[] Frame/Stucco [] Masonry [] Masonry Veneer [] Superior [] EIFS [] Log (requires supplemental app)						
Year Built	Square Footage	# of Families	# of Stories	If HO4/6, How many floors in the building? _____ On which floor is the unit? _____		
Protective Alarms/Devices						
[] Central Fire [] Central Burglar [] Smoke Detectors [] Interior Sprinklers [] Deadbolt						
Windstorm Mitigation						
[] Hip Roof [] Roof Straps [] Protective Glass [] Metal Electronic Shutters [] Metal Manual Shutters [] Plywood Shutters						
Roof Type			Hip Roof	Age of Roof (Year Updated)	Roof Update	
[] Comp [] Shake [] Tile [] Slate Other: _____			[] Yes [] No	[]	[] Partial [] Full	
Was the dwelling gutted and completely remodeled?		Does the dwelling include any live knob and tube wiring?		Does the dwelling include any fuses?		
[] Y [] N		[] Y [] N		[] Y [] N		

LOSS HISTORY (Loss History includes all losses within the last 3 years regardless of location)

Date	Type of Loss	Cause	Amount	Open or Closed	Unrepaired damage (Y or N)	Preventative Measures

ADDITIONAL UNDERWRITING INFORMATION (check all applicable)

Is business conducted on premises? [] Y [] N If yes, explain:	Is the dwelling for sale? [] Y [] N
Is the dwelling undergoing any renovation or construction? [] Y [] N (if yes, requires supplemental Builder's Risk app)	Is the dwelling rented to students? [] Y [] N
Do you or any tenant that occupies the premises own any animals? [] Y [] N Type(s): _____ Breed(s): _____ Bite History: _____	Is there a woodstove on premises? [] Y [] N (if yes, requires supplemental heating questionnaire) If yes, is it a primary heat source? [] Y [] N
Is the dwelling on the National Historic Register? [] Y [] N	Is there a swimming pool? [] Y [] N [] Fenced [] Unfenced
Has flood insurance been purchased to the full value of the Dwelling indicated in the Coverages/Limits of Liability section above? [] Y [] N	
During the last five years, has any applicant and/or person with financial interest in the property to be insured been indicted for or convicted of any degree of the crime of fraud, bribery, arson or any other crime in connection with the property to be insured or any other property? [] Y [] N	
California Only: Is there 150 feet of brush clearance around all structures? [] Y [] N	California Only: If Wood Shake roof, is there 1000 feet of brush clearance? [] Y [] N Is there Fire Retardant Treatment? [] Y [] N

OPTIONAL COVERAGES/ENDORSEMENTS

Personal Property Replacement Cost	Yes	No	Extending Liability # of properties _____ occupancy _____ address _____	Yes	No
Special Personal Property All Risk Coverage C	Yes	No			
Special Computer Coverage	Yes	No			
Extended Replacement Cost Dwelling [] 125% [] 150%	Yes	No	Watercraft Liability	Yes	No
Upgrade to Green Residential Endorsement	Yes	No	Engine Type: [] Inboard [] Outboard		
LexElite Eco-Homeowner	Yes	No	Length _____ feet		
Personal Injury	Yes	No	Increased Limits on Business Property	Yes	No
Water Back Up and Sump Pump Overflow [] \$5,000 [] \$10,000 [] \$25,000	Yes	No	If yes, [] \$10,000 [] \$25,000		
Increased Special Limits (all)	Yes	No	Golf Cart Coverage	Yes	No
Increased Special Limits (Jewelry/Watches/Furs)	Yes	No	# of carts _____ value _____ year _____		
Identity Fraud	Yes	No	make _____ model _____ serial # _____	Yes	No
Directors & Officers Coverage	Yes	No	Include Liability for Golf Carts	Yes	No
Limited Fungi (Mold), Wet or Dry Rot Coverage	Yes	No	HO6 All Risk Coverage A	Yes	No
Section I: \$5K [] \$10K [] \$25K [] \$50K []			Vandalism & Malicious Mischief (DP3 only)	Yes	No
Section II: \$5K [] \$10K [] \$25K [] \$50K []			Earthquake Coverage (States other than CA, OR, WA)	Yes	No
Sinkhole Coverage (Florida Only)	Yes	No	Earthquake Coverage (CA, OR, WA Only)	Yes	No
If yes to Sinkhole Coverage (Florida Only): 1) Have you observed: (i) the signs of settling, cracking, bulging, sagging, bending, leaning, shrinkage or expansion of any part of the dwelling or other structure or (ii) any depression in the ground surface on the premises? [] 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 structures? [] Y [] N 3) At any time, has this property had any prior sinkhole claims? [] Y [] N			Limited [] Deluxe []		
			If yes to Earthquake Coverage in CA, OR, WA: 1) If located on a hillside, is the slope 25 degrees or less? [] Y [] N 2) If built between 1920 and 1950, is there full seismic retrofitting? [] Y [] N 3) Is the dwelling built on tall walls or posts? [] Y [] N 4) Is the foundation concrete/steel and reinforced? [] Y [] N 5) Are the water heater and fireplace chimney securely bolted to the dwelling studs or foundation? [] Y [] N		
The following Optional Coverages/Endorsements are automatically included as described below. To remove these coverages, please select "Opt out". To add these Coverages where not automatically included, please select "Add" as indicated below.					
LexShare Home Rental Coverage [] Opt out Included on all HO3 & HO6 if occupancy is Secondary, Secondary Rental or Rental [] Add to Primary occupancy	Mandatory Evacuation Coverage [] Opt out Included on HO3, HO4 & HO6 if Coverage D applies in the following states only: AL, CA, CT, CO, DE, FL, GA, LA, MA, MS, NC, NJ, NY, SC, TX, ME, NH, RI, MD, VA				
Cyber Safety Coverage [] Opt out Included on all HO3, HO4 & HO6	Significant Other Coverage [] Opt out Included on HO3 or HO6 if occupancy is Primary and only 1 Named Insured [] Add to non-Primary occupancy				
Mechanical Breakdown [] Opt out Included on all HO3 [] Add to HO6					

NOTICE TO APPLICANTS: PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR BROKERS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST.

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 KNOWLEDGE 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; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, 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:** _____

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:** _____