

Lexington Insurance Company

Homeowners / Dwelling Program Application

Applicant		Occupation	Employer	Date of Birth
Mailing Address		City/State/Zip		County
Insured Location (if different than mailing address)		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, or a previous carrier, has cancelled or non-renewed, please explain why? (MISSOURI APPLICANTS NEED NOT REPLY)				
If the insured has not carried insurance within the last 12 months please explain why?				
Within the last 5 years has the applicant had a <input type="checkbox"/> Foreclosure <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Repossession				
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	

COVERAGES/LIMITS OF LIABILITY

Policy Form	Dwelling/ (A&A HO-6)	Other Structures	Personal Property	Loss of Use	Personal Liability	Medical Payments
<input type="checkbox"/> HO-3	Loss Assessment \$	Ordinance or Law (10% provided) <input type="checkbox"/> 5% <input type="checkbox"/> 15% <input type="checkbox"/> 25%	AOP Deductible	Wind/Hail Deductible % <input type="checkbox"/> Exclude <input type="checkbox"/> AOP	Other Deductible	
<input type="checkbox"/> HO-4						
<input type="checkbox"/> HO-6						
<input type="checkbox"/> DP-3						

RATING INFORMATION

Territory #	Protection Class # (if PC 9/10, please use supplemental app)	Distance to Fire Hydrant: _____ feet	Fire Department			
		Distance to Fire Station: _____ miles	<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer			
Occupancy						
<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Rental <input type="checkbox"/> Secondary Rental <input type="checkbox"/> Builders Risk (requires supplemental app) <input type="checkbox"/> Vacant						
Construction						
<input type="checkbox"/> Frame/Stucco <input type="checkbox"/> Masonry <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Superior <input type="checkbox"/> EIFS <input type="checkbox"/> Log (requires supplemental app)						
Construction Style			Year Built	Square Footage	# of Stories	# of Families
<input type="checkbox"/> Ranch <input type="checkbox"/> Cape <input type="checkbox"/> Colonial Other: _____						
Roof Type			Foundation Type			
<input type="checkbox"/> Comp <input type="checkbox"/> Shake <input type="checkbox"/> Tile <input type="checkbox"/> Slate Other: _____			<input type="checkbox"/> Concrete Slab <input type="checkbox"/> Concrete Block <input type="checkbox"/> Pilings/Stilts			
Protective Alarms/Devices						
<input type="checkbox"/> Central Fire <input type="checkbox"/> Central Burglar <input type="checkbox"/> Local Fire <input type="checkbox"/> Local Burglar <input type="checkbox"/> Smoke Detector <input type="checkbox"/> Interior Sprinklers <input type="checkbox"/> Deadbolt						
Market Value	Dwelling for Sale?	On Nat'l Historical Register?	Vacant? (If yes, DP-3 Policy Form applies).			
\$	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N Tours? <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> 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?			
Update Information (required if home >25 years old)			Was home completely gutted and remodeled? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, what Year?			
Roof <input type="checkbox"/> Part. <input type="checkbox"/> Comp. Year	Wiring <input type="checkbox"/> Part. <input type="checkbox"/> Comp. Year	Heating <input type="checkbox"/> Part. <input type="checkbox"/> Comp. Year	Plumbing <input type="checkbox"/> Part. <input type="checkbox"/> Comp. Year			

LOSS HISTORY

Note: Loss History includes all losses within the last 3 years regardless of location and any loss greater than \$1,000,000 regardless of location or date.

Date	Type of Loss	Cause	Amount	Preventative Measures

ADDITIONAL UNDERWRITING INFORMATION (check all applicable)

Eligible for the Wind pool? [] Y [] N	Distance to Ocean/Bay/Gulf: _____ Miles _____ Feet
Windstorm Mitigation	
[] Hip Roof [] Roof Straps [] Protective Glass [] Metal Electronic Shutters [] Metal Manual Shutters [] Plywood Shutters	
1) Have you been told or are you otherwise aware of the use of Chinese Drywall in the dwelling or any other structure on the premises? [] Y [] N	
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? [] Y [] N	Daycare conducted on premises? [] Y [] N
Is there a fuel tank on premises? [] Y [] N	Is business conducted on premises? [] Y [] N
If yes, [] Underground [] Basement [] Above Ground	If yes, explain: _____
Do you or any tenant that occupies the premises own any animals? [] Y [] N	Is the dwelling rented? [] Y [] N
Type(s): _____ Breed(s): _____ Bite History: _____	If yes, how many weeks? _____ Rented to students? [] Y [] N
Is there a swimming pool? [] Y [] N	Is the dwelling undergoing any renovation or reconstruction? (if yes, requires supplemental questionnaire) [] Y [] N
[] Fenced [] Unfenced [] Diving Board [] Slide	Is there a woodstove on premises? [] Y [] N
Gated Community? [] Y [] N	Patrolled? [] Y [] N
Caretaker? [] Y [] N	Resident Caretaker? [] Y [] N
	If yes, is it a primary heat source? [] Y [] N (supplemental questionnaire required for all wood burning stoves)

OPTIONAL COVERAGES/ENDORSEMENTS

Personal Property Replacement Cost	Yes	No	Directors & Officers Coverage	Yes	No
Special Personal Property Coverage	Yes	No	Extending Liability		
Special Computer Coverage	Yes	No	# of properties _____ occupancy _____		
Extended Replacement Cost Dwelling			if rental, how long (weekly, annual, etc.): _____		
[] 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
Increased Special Limits (Jewelry/Watches/Furs)	Yes	No	Increased Limits on Business Property		
Increased Special Limits (all)	Yes	No	If yes, [] \$10,000 [] \$25,000	Yes	No
Water Back Up and Sump Pump Overflow			Golf Cart Coverage		
[] \$5,000 [] \$10,000 [] \$25,000	Yes	No	# of carts _____ value _____ year _____		
Family Security Endorsement	Yes	No	make _____ model _____ serial # _____	Yes	No
Identity Fraud	Yes	No	Include Liability for Golf Carts	Yes	No
Pet Critical Injury Coverage			HO6 All Risk Coverage A	Yes	No
# Dogs [] # Cats []	Yes	No	Breed:		
			1. _____		
			2. _____		
			3. _____		
			4. _____		
			5. _____		
FLORIDA Sinkhole Coverage [] Y [] N					
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		

Earthquake Coverage	[] Y [] N	EQ Zone	EQ Territory
If yes,	[] Standard [] Deluxe		
CALIFORNIA, OREGON AND WASHINGTON w/ earthquake		CALIFORNIA BRUSH	
Soil Type:	[] Hard Rock [] Soft Rock [] 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 extensive un-reinforced masonry cladding?	[] Y [] N	If Wood Shake roof, 1000 Feet of brush clearance?	[] Y [] N
		Fire Retardant Treatment?	[] Y [] 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 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:** _____