

Lexington Insurance Company- Application

Applicant		SS #	Occupation	Employer	Date of Birth		
Mailing Address: _____							
Insured Location: _____				County: _____			
Producer Name: _____			Address: _____				
Fax #: _____		E-mail: _____		Inspection- Contact: _____			
Phone #: _____							
TYPE	COV. PART 1			COV. PART 2		COV PART 3	COV. PART 4
<input type="checkbox"/> New	HO-3	HO-4	HO-6	Umbrella	Excess Liability	Excess Flood	PAF
<input type="checkbox"/> Renewal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prior Carrier: _____		Expires: _____		Expiring/Renewal Premium: \$ _____			
Within last 5 years, has applicant had a: foreclosure <input type="checkbox"/> bankruptcy <input type="checkbox"/> repossession <input type="checkbox"/>							
If prior carrier non-renewed, why? _____							
Comments: _____							

Coverage Part 1: Homeowner Information

Mortgagee Information/Additional Interests:

Loan #1	Name/Address
Loan #2	Name/Address

General Information:

County: _____	Protection Class #: _____	Distance to Fire Hydrant: _____ ft.	Fire Dept: Paid <input type="checkbox"/>
ISO Territory # : _____		Distance to Fire Station: _____ mi.	Volunteer <input type="checkbox"/>
Occupancy: Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Rental <input type="checkbox"/> Vacant <input type="checkbox"/> Secondary Rental <input type="checkbox"/> Builder's Risk <input type="checkbox"/> -use supplemental application			
Construction: Frame/Stucco: <input type="checkbox"/> Brick, Stone or Masonry: <input type="checkbox"/> Superior: <input type="checkbox"/> Pre-Fabricated: <input type="checkbox"/> EFIS/Synthetic Stucco: <input type="checkbox"/>			
Year Built: _____	Age of Roof _____	Sq. Ft. _____	Market Val. \$ _____
# of stories _		# of families _	
Protection Devices Fire <input type="checkbox"/> Burglar <input type="checkbox"/> Motion Det. <input type="checkbox"/> Smoke Det. <input type="checkbox"/> Deadbolts <input type="checkbox"/>		Sprinklers: Interior <input type="checkbox"/> Exterior <input type="checkbox"/> Combo <input type="checkbox"/>	
Caretaker: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, resident <input type="checkbox"/> or non resident <input type="checkbox"/>		Gated Community: Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Patrolled? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Loss History – Must be filled out COMPLETELY:

Date	Type of Loss	Cause	Amount	Preventative Measures?
			\$	
			\$	
			\$	
			\$	

Limits:

Dwelling \$ _____	Other Structures \$ _____	Personal Property \$ _____	
Loss of use \$ _____	Personal Liability \$ _____	Medical Payments \$ _____	
Full Property TIV: Yes <input type="checkbox"/> No <input type="checkbox"/>		Loss Assessment: \$ _____	
		Ordinance or Law: None <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 25% <input type="checkbox"/>	
Foundation: Concrete Slab <input type="checkbox"/> Concrete/Block <input type="checkbox"/> Pilings/Stilts <input type="checkbox"/>		Roof: Asphalt <input type="checkbox"/> Tile <input type="checkbox"/> Wood Shake <input type="checkbox"/> Other _____	

PC 9 or 10 ONLY: Fire Dept Response Time: _____ Minutes	
Wash Out: Yes <input type="checkbox"/> No <input type="checkbox"/>	Visible to Others: Yes <input type="checkbox"/> No <input type="checkbox"/>
Distance to Water Source _____ ft.	Type of Source: _____
Water Trucks: Pumper <input type="checkbox"/> Tanker <input type="checkbox"/> Gallons: _____	
Requested AOP Deductible: \$ _____	
Eligible for Wind-Pool: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Exclude Wind: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, Wind: _____ %	
Distance to the Ocean/Bay/Gulf: _____	ft. _____ miles
Straps <input type="checkbox"/>	Shutters <input type="checkbox"/> Protective Glass <input type="checkbox"/>
Wind Deductible Buyback: Yes <input type="checkbox"/> No <input type="checkbox"/> _____ %	
Earthquake: Yes <input type="checkbox"/> No <input type="checkbox"/> _____ %	
If yes, EQ Zone: _____	Territory: _____ Soil Type: _____
CA ONLY: _____	Slope: _____ ° Brush Zone: Yes <input type="checkbox"/> No <input type="checkbox"/>
Brush clearance: _____ ft.	

Replacement Cost Contents: Yes No

All Risk Contents: Yes No **HO-6 All-Risk Cov A-**

Special Computer Coverage: Yes No

Extended Replacement Cost: 125% **CA Only:** 150%

Personal Injury: Yes No

Special Limits Coverage C: All items Jewelry Only

Water Backup Coverage: \$5k \$10k \$25K

Identify Fraud: Yes No

Extended Liability: Yes No # of Locations: __ (U.S. only)

Watercraft Liability: Yes No Sailboat:

Engine: In Out In/Out HP _____ Length _____ ft.

NOTICE OF INSURANCE INFORMATION PRACTICES: Personal information about you may be collected from persons other than you. Such information, as well as other personal and privileged information, collected by us or your agent may, in certain circumstances, be disclosed to third parties. 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. Contact your agent/broker for instruction on how to submit a request to us.

FL Residents Only: 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 (817.234).

NJ Residents Only: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES (Bulletin 95-16, citing P.L.1995, c.132).

VA Residents Only: 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 (52-40).

Note to Agents: No binding or quoting authority! Please call or fax for same day binding and follow up with an application. Application must be signed by the Named Insured. Any incomplete applications received could jeopardize binding coverage!

PRODUCER'S SIGNATURE: _____ **DATE:** _____
 Producer: How long have you known the applicant? _____ Date agent last inspected property? _____

Applicant's Statement: With respect to the lines of coverage selected above, I have read the attached application and I declare that, to the best of my knowledge and belief, all of the foregoing statements are true.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

Home Business Coverage: Yes No

Inc. Limit Business Property: None \$5k \$10k 25k

Golf Cart Coverage: Yes No Liability- Yes No

Property Information: (Required home >25 years old)

Update- Full **Partial** **Update year for:**
 Roof: _____ Wiring: _____ Heating: _____ Plumbing: _____

Occupied Daily: Yes No **In no, then:**

Unoccupied for > 30 days in a row: Yes No

Dwelling for Sale: Yes No

Dwelling Rented: Yes No **If yes, how many weeks:** _____

Under Lease: Yes No

Swimming Pool on Premises: Yes No **If yes,**
 Fenced Screened Diving Board: Yes No

If home oil heated, is tank underground: Yes No

EFIS or Synthetic Stucco construction: Yes No

Prior/current mold exposure: Yes No

Day Care Conducted on Premises: Yes No

Business Conducted on Premises: Yes No

Explain: _____

Wood Stoves/Sup. Heating: Yes No

Is this a primary heat source? Yes No

Explain: _____

Animals on the Premises: Yes No Bite history: Yes

Explain: _____



Lexington Insurance Company

Coverage Part 2(A or B): Personal Umbrella (A) or Excess Liability (B) Information

** The following section must be completed in order to purchase this coverage in addition to those provided under Coverage Part 1.

Applicant:		Broker:		Effective Date:	
Type: Umbrella <input type="checkbox"/> Excess Liability <input type="checkbox"/> (over other umbrella*)			Limit: \$1M <input type="checkbox"/> \$2M <input type="checkbox"/> \$3M <input type="checkbox"/> \$4M <input type="checkbox"/> \$5M <input type="checkbox"/> Limit: \$ MM		
If business owner, # of employees		Annual Revenues \$		Any business conducted on residence premises: Yes <input type="checkbox"/>	

Underlying Insurance:

Type of Coverage	Carrier	Policy #	Policy Period	Minimum Underlying Limits	Your Underlying Limit
Automobile				\$250/\$500/\$100 or \$500 CSL	\$
Uninsured/Underinsured				\$250/\$500/\$100 or \$500 CSL	\$
Homeowner or CPL				\$300,000	\$
Rental Dwellings				\$300,000	\$
Farms, Vacant Land				\$300,000	\$
Watercraft				\$300,000	\$
Jet Ski, Wet Bike				\$500,000	\$
Recreational Vehicle				\$300,000	\$
Underlying Umbrella*				\$1,000,000	\$
Incidental Business				\$1,000,000	\$

Real Estate: List all owned, leased or occupied Residences, Buildings, Farms, Vacant Land, etc.

#	Location (street, city, state)	#Units	Yr Built	Occupancy (primary, secondary, rental, vacant, etc.)
1				
2				
3				
4				
5				
6				

Automobiles and Recreational Vehicles: List all autos owned, leased or furnished for regular use (Motorcycles, Snowmobiles, etc.)

#	Year	Co. Car?	Make/Model/Type	#	Year	Co. Car?	Make/Model/Type
1		Yes <input type="checkbox"/>		7		Yes <input type="checkbox"/>	
2		Yes <input type="checkbox"/>		8		Yes <input type="checkbox"/>	
3		Yes <input type="checkbox"/>		9		Yes <input type="checkbox"/>	
4		Yes <input type="checkbox"/>		10		Yes <input type="checkbox"/>	
5		Yes <input type="checkbox"/>		11		Yes <input type="checkbox"/>	
6		Yes <input type="checkbox"/>		12		Yes <input type="checkbox"/>	

Watercraft: List all watercraft (including Jet Skis, Wet Bikes, etc.) owned, leased, chartered or furnished for regular use

#	Year/Make/Model	Length	Engine Type / HP	Max. Speed	# of Paid Crew	Waters Navigated (inland, coastal, etc.)
1			/			
2			/			
3			/			
4			/			
5			/			
6			/			



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Operator Information: List all Members of Household and all Operators of Vehicles/Watercrafts/RV's

#	Name	Drivers License #	State	Date of Birth	Vehicle, Craft, % of Use
1					%
2					%
3					%
4					%
5					%
6					%

Driving Record Information: List # of traffic violations and/or motor vehicle accidents for all Operators indicated above during **past 3 years**.

#	Name	# Moving Violations	# Major Violations	# Minor At-Fault Accidents	# Major At-Fault Accidents

Loss Details:

	Yes	No		Yes	No
1) Any liability losses (homeowners, etc.) exceeding \$5,000 or more in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	7) Do you employ any residence employees? Full-time or part-time? # of employees _____	<input type="checkbox"/>	<input type="checkbox"/>
2) Does any underlying policy have reduced limits of liability or eliminate coverage for specific exposures, drivers, animals, watercraft, locations, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	8) Do you or any household member have mental/physical impairments that affect driving ability?	<input type="checkbox"/>	<input type="checkbox"/>
3) Any business/professional activities (including farming or daycare) included in primary policies? Does it cover incidental business activities?	<input type="checkbox"/>	<input type="checkbox"/>	9) Any umbrella coverage declined, cancelled, or non-renewed in last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
4) Do you or any household member hold any non-remunerative positions? Details?	<input type="checkbox"/>	<input type="checkbox"/>	10) Do your underlying insurance policies include Personal Injury (libel/slander) coverage?	<input type="checkbox"/>	<input type="checkbox"/>
5) Any real estate, vehicles, watercraft, aircraft owned, hired, leased or regularly used, not covered by underlying insurance?	<input type="checkbox"/>	<input type="checkbox"/>	11) Does any household members have an occupation of a professional entertainer, athlete, media personality or local, state or federal political past or present?	<input type="checkbox"/>	<input type="checkbox"/>
6) Do any of the properties you own or rent have a swimming pool on premises that have a diving board and/or are not fenced? Any coverage limitations?	<input type="checkbox"/>	<input type="checkbox"/>	12) Any pets (wild or domestic) on the premises? Type(s)? _____ Any coverage restrictions or exclusions? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Optional Uninsured/Underinsured (UM/UIM) Motorist Coverage: (EXTRA CHARGE)

I would like to purchase, at additional charge, uninsured/underinsured motorist coverage as part of my Umbrella/Excess Liability policy:
Accept **Reject**

If you '**accept**,' then you agree both that you **have** purchased underlying uninsured/underinsured motorist limits on **all** other motor vehicles that you own **equal or greater** than the *Minimum Underlying Limits Automobile Liability* limits of this policy, and you are electing to purchase certain valuable coverages which protect you and your family, then check this box:

If you '**reject**' the uninsured/underinsured motorist coverage, then you agree you **have not** purchased underlying uninsured/underinsured motorist limits on all other motor vehicles that you own **equal or greater** than the *Minimum Underlying Limits Automobile Liability* limits of this policy, or you are electing **not** to purchase certain valuable coverages which protect you and your family, then check this box:

Applicant's Signature:

2. Optional Personal Injury Coverage: Yes No (This requires **Personal Injury Coverage** on your underlying insurance.)

3. Optional Incidental Business Coverage: Yes No (This requires **Incidental Business Coverage** on your underlying insurance.)



Lexington Insurance Company

Coverage Part 3: Excess Flood Information

** The following section must be completed in order to purchase this coverage in addition to those provided under Coverage Part 1.

Applicant:	Broker:	Effective Date:
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Limits of Policy:

Building Estimated Replacement Cost \$	Building Limit Requested \$
Contents Estimated Replacement Cost \$	Contents Limit Requested \$

	Y	N		Y	N
1) Is maximum underlying insurance carried? (Required)	<input type="checkbox"/>	<input type="checkbox"/>	3) Does dwelling have a foundation?	<input type="checkbox"/>	<input type="checkbox"/>
2) Breakaway walls?	<input type="checkbox"/>	<input type="checkbox"/>	4) Does dwelling have a basement or enclosure?	<input type="checkbox"/>	<input type="checkbox"/>

Property Information:

* NFIP/WYO Program: Regular <input type="checkbox"/> Preferred <input type="checkbox"/>	* Pre-Firm <input type="checkbox"/> OR Post-Firm <input type="checkbox"/>
* Condominium Unit <input type="checkbox"/> Apartment <input type="checkbox"/>	* Elevation Difference: (+/- BFE)
* Flood Zone:	

Contents Information:

Basement and Above <input type="checkbox"/>	Enclosure and above <input type="checkbox"/>	Lowest floor only-above ground level <input type="checkbox"/>
Lowest floor above ground level and higher floors <input type="checkbox"/>	Above ground level – More than one full floor <input type="checkbox"/>	

Underlying Information:

Present NFIP/WYO Carrier:	Policy Term:	Policy #:	Effective Date:
Non- Renewed? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, why?		
Renewal or Replacement NFIP/WYO Carrier:	Policy Term:	Policy #:	Effective Date:
Coverage: Building \$	Contents \$		

Rate:

Base Rate: Building:	Contents:
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Flood Related Loss Information:

Three Year Loss History – Must be filled out completely

Date	Type of Loss	Cause	Amount
			\$
			\$
			\$

In order to bind coverage, the following must accompany this application:

- 1) Elevation Certificate
- 2) Copy of current NFIP/WYO Declaration page



Lexington Insurance Company

Coverage Part 4: Personal Articles Floater

** The following section must be completed in order to purchase this coverage in addition to those provided under Coverage Part 1.

Applicant:	Broker:	Effective Date:
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Please indicate the total amount of coverage required by category:

#	Property	Limit Requested	#	Property	Limit Requested	#	Property	Limit Req.
1	Jewelry:		4	Musical Instruments	\$	10	Fine Arts	
	Men's	\$		Private Use	\$		Limited Breakage	\$
	Women's	\$		Professional Use	\$		Full Breakage	\$
	In-Vault	\$	5	Silverware	\$	11	Guns/Firearms	\$
2	Furs	\$	6	Golfer's Equipment	\$	12	Bicycles	\$
3	Cameras		7	Golf Carts	\$	13	Miscellaneous	\$
	Private Use	\$	8	Stamps	\$			
	Professional Use	\$	9	Rare Coins	\$			

Additional Rating Information:

	Y	N		Y	N
Is there a safe in the residence? Specify Below: Wall Safe <input type="checkbox"/> Freestanding <input type="checkbox"/> Under floor <input type="checkbox"/> Other <input type="checkbox"/> :	<input type="checkbox"/>	<input type="checkbox"/>	Are the items kept away from the listed premises?	<input type="checkbox"/>	<input type="checkbox"/>
			Are scheduled items not worn by a household member? If not, by whom?	<input type="checkbox"/>	<input type="checkbox"/>
Is property protected by any other means? Description	<input type="checkbox"/>	<input type="checkbox"/>	Any articles at student's dorm/apartment? Value \$	<input type="checkbox"/>	<input type="checkbox"/>
Is dwelling used professionally/commercially in anyway?	<input type="checkbox"/>	<input type="checkbox"/>	Any items loaned to museums or on exhibit?	<input type="checkbox"/>	<input type="checkbox"/>
Dwelling/Unit within Downtown City Limits?	<input type="checkbox"/>	<input type="checkbox"/>	Any jewelry with unset, damaged stones?	<input type="checkbox"/>	<input type="checkbox"/>
Is any professional equipment stored off premises?	<input type="checkbox"/>	<input type="checkbox"/>	Any in-vault items removed from the vault? # times	<input type="checkbox"/>	<input type="checkbox"/>
Any paid/non-paid caretakers/housekeepers?	<input type="checkbox"/>	<input type="checkbox"/>	Have you or any member of the household :		
Travel for more than 30 days at a time? With any items?	<input type="checkbox"/>	<input type="checkbox"/>	- Been convicted of arson, dishonesty, theft?	<input type="checkbox"/>	<input type="checkbox"/>
			- Scheduled coverage cancelled or denied?	<input type="checkbox"/>	<input type="checkbox"/>

Please explain all "Yes" responses here:

Three Year Loss History – Must be filled out completely

Date	Type of Loss	Cause	Amount
			\$
			\$
			\$
			\$