

Lexington Insurance Company - Homeowners Application

New Renewal, Prior Policy #: _____

Coverage Effective Date: _____

Policy Type: HO3 HO4 HO6 Builders Risk

Insured Information:

Name: _____

Mailing Address: _____

City _____ State _____ Zip _____

Phone Number: _____

Insured Location: _____

City _____ State _____ Zip _____

County: _____

(1) SSN #: _____ DOB: _____

Occupation: _____

Name of Employer: _____

⇒ CONTACT PERSON FOR INSPECTION ⇐

⇒ Name: _____ Ph #: _____ ⇐

Sub-Broker Information:

Producer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone / Fax Number: _____

Mortgagee (s) Information/Additional Interests

Loan Number 1: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Loan Number 2: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Protection Information:

Distance To Fire Hydrant: _____ Fire Station: _____

Is the Fire Department: _____ Paid _____ Volunteer _____

Fire Dept. Response Time: _____ min. (For PC 9/10 only)

Distance to the nearest water source: _____

Type of water source: _____

Protection Class #: _____ Brush Area: Y N

Central Alarm: Fire: _____ Burglar: _____ Motion Det: _____

Sprinkler System: _____ full _____ partial _____ none

Smoke Detectors: Y N Dead Bolts: Y N

Dwelling: \$ _____

Other Structures: \$ _____

Personal Property: \$ _____

Loss of Use/Fair Rental: \$ _____

Personal Liability: \$ _____

Medical Payments: \$ _____

Loss Assessment Coverage: \$ _____

Optional Coverages: *Describe in remarks

Replacement Cost Contents: Y N Computer Coverage: Y N

Inc. Special Limits (all): Y N Inc. Jewel/Watch/Furs: Y N

All Risk Contents Y N Water Backup: Y N

Extending Liability: # locations _____ State(s): _____

Personal Injury: Y N Inc. Business Property: Y N

Watercraft Liability: Y N Eng. Type: _____ HP: _____

Earthquake Coverage: Y N EQ Zone: _____

Golf Cart Cov: _____ Liab _____ Phys Dam Value: \$ _____

HO61 Schedule: Y N Total Schedule: \$ _____

FL HO3 Only: Increased Ordinance or Law: Y N

HO6 Only: All Risk Dwelling Coverage: Y N

Builders Risk Only: Theft of Building Materials: Y N

Deductibles: (subject to company guidelines)

Requested Deductible: AOP: \$ _____

Wind Deductible: _____ % Earthquake Deductible: _____ %

Eligible for Windpool: Y N Exclude Wind: Y N

Wind Deductible Buyback: Y N _____ %

Property Information:

Occupancy: _____ Primary _____ Secondary _____ Rental _____ Vacant

Occupied daily: Y N Unoccupied > 30 days in a row: Y N

If home is rented: # of weeks: _____ Under Lease Y N

Home visible to neighbors: Y N Home up for sale: Y N

Caretaker /Property Manager: Y N

Resident Paid _____ Non Resident Paid _____

Has applicant had a foreclosure, repossession, or bankruptcy during the past five years: Y N

Gated Community: Y N Patrolled: Y N

ISO Territory #: _____ BCEGS#: _____

Building undergoing any renovation: Y N

Builders Risk/Renovation: Est. date of completion: _____

Estimated Replacement cost upon completion: _____

Type/Size of Construction:

Brick, Stone, or Masonry _____ Frame or Stucco _____

Limits of Policy:

Superior Construction _____ # of families: _____ Type Full Partial Year Comp
 Type of Foundation: Wiring _____
 Concrete slab _____ Concrete/Blocks _____ Pilings/Stilts _____ Plumbing _____
 Year Built _____ Year Purchased _____ Heating _____
 Type of Roof _____ Age of Roof _____ Roof _____
 Square Footage _____ Market Value \$ _____ Distance to Ocean / Bay / Gulf _____ Ft. _____ Miles
 Flood Insurance Carried: Y N Flood Zone A/V? Y N Elevation above Sea Level _____ Ft.
 Hurricane Straps Y N

Update Information - Required if home is over 25 years old.

Additional Exposures: (comment in remarks section)

Animals on the Premises? Y N Type: _____ Training: Y N # years owned _____
 Swimming Pool on Premises? Y N Fenced / Screened? Y N Other? _____
 Any Business Conducted on the Premises? Y N Any Child Care / Day Care Activities? Y N
 Any Wood Stoves or Supplemental Heating? Y N Within 300 ft. of any commercial structures? Y N

List Other Structures & values on the Premises: _____

Remarks: _____

Prior Carrier and Loss Information:

Previous Carrier: _____ Expires: _____ Expiring or Renewal Premium: \$ _____

Non-Renewing: Y N Reason: _____

Three Year Loss History - Must be filled out Completely

Date	Type of Loss	Cause	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What preventative measures have been taken to prevent future losses? Explain: _____

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.

Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and [NY: Substantial] civil penalties.

FL Only: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. Section 817.234.F.S.

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: _____

Applicants Statement: I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true; and that these statements are offered as an inducement to the company to issue the policy for which I am applying.

Applicant's Signature: _____ Date: _____



Lexington Insurance Company

Supplemental Acord Application

The following shall be attached to, and made part of, the fully completed Acord application signed by the applicant:

Applicant: _____ **Producer:** _____

Policy Type: (note Yes or No)

TYPE	COV. PART 1				COV. PART 2		COV. PART 3	COV. PART 4
<input type="checkbox"/> New	HO-3	HO-4	HO-6	Build. Risk	Umbrella	Excess Liability	Excess Flood	PAF
<input type="checkbox"/> Rnw	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**** Please note that for Umbrella, Excess Liability, Excess Flood and Personal Article coverage parts, the applicable section of the LexElite Application (ELITE APP 02 00) must be fully completed.**

Coverage Part 1: Supplemental Homeowner Information

Optional Coverages:

Coverage	Y	N	Coverage	Y	N	Coverage	Y	N
Computer Coverage			Replacement Cost Contents			Personal Injury		
Increased Special Limits:			All Risk Contents			Builders Risk Options:		
Option 1-Increased Jewelry/Watches/Furs			All Risk Dwelling (HO6 only)			Theft of Building Materials		
Option 2-All Special Limits increased			Water Back-Up			Builders Risk Liability		
Watercraft Liability:			Golf Cart Coverage:			Increased Business Property - \$10,000 limit		
Engine Type ___ HP ___ Length ___			___ Liab ___ Phys Dam. Value \$ _____					
Extending Liability:			Earthquake Coverage:			Loss Assessment (includes \$1000) :		
# of locs. ___ State(s) _____			Earthquake Zone: _____			Limit \$ _____		

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 DEFAUDING 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!

Applicant's statement: I have read the above application and I declare that to the best of my knowledge and belief, all of the foregoing statements are true and that these statements are offered as an inducement to the company to issue the policy for which I am applying.

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