

# Lexington Insurance Company - Application

<b>Applicant</b>	<b>SS #</b>	<b>Occupation</b>	<b>Employer</b>	<b>Date of Birth</b>			
Mailing Address:							
Insured Location:			County:				
Producer Name:		Address:					
Fax #:	E-mail:	Inspection- Contact:		Phone #:			
<b>TYPE</b>	<b>COV. PART 1</b>			<b>COV. PART 2</b>	<b>COV. PART 3</b>	<b>COV. PART 4</b>	
<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:

<b>County:</b>	<b>Protection Class #:</b>	<b>Distance to Fire Hydrant:</b> ft.	<b>Fire Dept:</b> Paid <input type="checkbox"/>		
<b>ISO Territory #:</b>		<b>Distance to Fire Station:</b> mi.	Volunteer <input type="checkbox"/>		
<b>Occupancy:</b> 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					
<b>Construction:</b> 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"/>					
<b>Year Built:</b>	<b>Age of Roof</b>	<b>Sq. Ft.</b>	<b>Market Val. \$</b>	<b># of stories</b> _	<b># of families</b> _
<b>Protection Devices</b> Fire <input type="checkbox"/> Burglar <input type="checkbox"/> Motion Det. <input type="checkbox"/> Smoke Det. <input type="checkbox"/> Deadbolts <input type="checkbox"/>			<b>Sprinklers:</b> Interior <input type="checkbox"/> Exterior <input type="checkbox"/> Combo <input type="checkbox"/>		
<b>Caretaker:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, resident <input type="checkbox"/> or non resident <input type="checkbox"/>		<b>Gated Community:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Patrolled?</b> 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 \$
<b>Full Property TIV:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Loss Assessment:</b> \$
<b>Ordinance or Law:</b> None <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 25% <input type="checkbox"/>		
<b>Foundation:</b> Concrete Slab <input type="checkbox"/> Concrete/Block <input type="checkbox"/> Pilings/Stilts <input type="checkbox"/>		<b>Roof:</b> Asphalt <input type="checkbox"/> Tile <input type="checkbox"/> Wood Shake <input type="checkbox"/> Other _____

<b>PC 9 or 10 ONLY:</b> 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: _____	
<b>Requested AOP Deductible:</b> \$ _____	
<b>Eligible for Wind-Pool:</b> 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"/> _____ %	
<b>Earthquake:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> _____ %	
If yes, EQ Zone: _____	Territory: _____ Soil Type: _____
<b>CA ONLY:</b> Slope: _____ °	<b>Brush Zone:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Brush clearance:</b> _____ 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/Trampoline 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:** \_\_\_\_\_