

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.	

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

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.

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:

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:** _____