

# 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?							
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						
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	
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 own any animals? [ ] Y [ ] N	Is the dwelling rented? [ ] Y [ ] N
Type: _____ Breed: _____ 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	If yes, is it a primary heat source? [ ] Y [ ] N
Resident Caretaker? [ ] 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		
			If yes, [ ] \$10,000 [ ] \$25,000	Yes	No
Increased Special Limits (all)	Yes	No	Golf Cart Coverage		
Water Back Up and Sump Pump Overflow			# of carts _____ value _____ year _____		
[ ] \$5,000 [ ] \$10,000 [ ] \$25,000	Yes	No	make _____ model _____ serial # _____	Yes	No
Family Security Endorsement	Yes	No	Include Liability for Golf Carts	Yes	No
Identity Fraud	Yes	No	HO6 All Risk Coverage A	Yes	No

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**

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**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.

**NOTICE TO ARKANSAS 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 AGENCIES."

**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 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 MINNESOTA APPLICANTS:** "A PERSON WHO SUBMITS AN APPLICATION OR FILES 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 MEXICO 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 CIVIL FINES AND CRIMINAL 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, 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."

**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 VIRGINIA 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 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."

**IMPORTANT ADDITIONAL NOTICE:** This application does not bind the applicant to buy, or the insurer to issue the insurance, but it is agreed that this application shall be the basis of the insurance policy.

**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:** \_\_\_\_\_