

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 <input type="checkbox"/> HO-4 <input type="checkbox"/> HO-6 <input type="checkbox"/> DP-3 | Loss Assessment \$ _____ | Ordinance or Law (see state specific) <input type="checkbox"/> 5% <input type="checkbox"/> 15% <input type="checkbox"/> 25% | AOP Deductible | Wind/Hail Deductible (see state specific) _____ % <input type="checkbox"/> Exclude <input type="checkbox"/> AOP | | Other Deductible |

RATING INFORMATION

| | | | |
|---|---|--|---|
| Territory # | Protection Class # (if PC 9/10, please use supplemental questionnaire) | 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 questionnaire) <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 questionnaire) | | | |
| Construction Style <input type="checkbox"/> Ranch <input type="checkbox"/> Cape <input type="checkbox"/> Colonial <input type="checkbox"/> Victorian Other: _____ | | Year Built | Square Footage |
| Roof Type <input type="checkbox"/> Comp <input type="checkbox"/> Metal <input type="checkbox"/> Shake <input type="checkbox"/> Tile <input type="checkbox"/> Slate Other: _____ | | # of Stories | # of Families |
| Foundation Type | | <input type="checkbox"/> Concrete Slab <input type="checkbox"/> Concrete Block <input type="checkbox"/> Pilings/Stilts | |
| Protective Alarms/Devices <input type="checkbox"/> Centrally Monitored Fire <input type="checkbox"/> Centrally Monitored 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? \$ _____ <input type="checkbox"/> Y <input type="checkbox"/> N | On Nat'l Historical Register? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, tours? | Vacant ? (If yes, DP-3 Policy Form applies). <input type="checkbox"/> Y <input type="checkbox"/> N If yes, how long? _____ (months/yrs) |
| 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 |
|------|--------------|-------|--------|-----------------------|
| | | | | |
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ADDITIONAL UNDERWRITING INFORMATION (check all applicable)

| | |
|--|--|
| Eligible for the Wind pool? <input type="checkbox"/> Y <input type="checkbox"/> N | Distance to Ocean/Bay/Gulf: _____ Miles _____ Feet |
| Windstorm Mitigation <input type="checkbox"/> Hip Roof <input type="checkbox"/> Roof Straps <input type="checkbox"/> Protective Glass <input type="checkbox"/> Metal Electronic Shutters <input type="checkbox"/> Metal Manual Shutters <input type="checkbox"/> Plywood Shutters | |
| Earthquake Coverage <input type="checkbox"/> Y <input type="checkbox"/> N | EQ Zone _____ EQ Territory _____ |
| If yes, <input type="checkbox"/> Standard <input type="checkbox"/> Deluxe | |
| CALIFORNIA, OREGON AND WASHINGTON W/ QUAKE CALIFORNIA BRUSH | |
| Soil Type: <input type="checkbox"/> Hard Rock <input type="checkbox"/> Soft Rock <input type="checkbox"/> Stiff Clay <input type="checkbox"/> Soft Soil Other _____ | |
| Is Dwelling on tall walls or posts? <input type="checkbox"/> Y <input type="checkbox"/> N | Is the property located in a brush zone? <input type="checkbox"/> Y <input type="checkbox"/> N |
| If built > 1920 & < 1950, full seismic retrofitting? <input type="checkbox"/> Y <input type="checkbox"/> N | Brush Density: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input type="checkbox"/> Extreme |
| Is the Dwelling Located on a Hillside? <input type="checkbox"/> Y <input type="checkbox"/> N | Is there 150 feet of brush clearance around all structures? <input type="checkbox"/> Y <input type="checkbox"/> N |
| Slope: _____ Degrees | Distance to Brush: _____ Feet |
| Is there unrepaired earthquake damage? <input type="checkbox"/> Y <input type="checkbox"/> N | Automatic Exterior Sprinkler within the brush area? <input type="checkbox"/> Y <input type="checkbox"/> N |
| Is there extensive un-reinforced masonry cladding? <input type="checkbox"/> Y <input type="checkbox"/> N | If Wood Shake roof, 1000 Feet of brush clearance? <input type="checkbox"/> Y <input type="checkbox"/> N Fire Retardant Treatment? <input type="checkbox"/> Y <input type="checkbox"/> N |
| 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? <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Is business conducted on premises? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, explain: _____ | Daycare conducted on premises? <input type="checkbox"/> Y <input type="checkbox"/> N |
| Is there a fuel tank on premises? <input type="checkbox"/> Y <input type="checkbox"/> N | Is there a woodstove on premises? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, is it a primary heat source? <input type="checkbox"/> Y <input type="checkbox"/> N (supplemental questionnaire required for all wood burning stoves) |
| If yes, <input type="checkbox"/> Underground <input type="checkbox"/> Basement <input type="checkbox"/> Above Ground | Is there a trampoline on premises? <input type="checkbox"/> Y <input type="checkbox"/> N |
| Animals on Premises? <input type="checkbox"/> Y <input type="checkbox"/> N Type: _____ Breed: _____ Bite History: _____ | |
| Is there a swimming pool? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Fenced <input type="checkbox"/> Unfenced <input type="checkbox"/> Diving Board <input type="checkbox"/> Slide | Is the dwelling undergoing any renovation or reconstruction? <input type="checkbox"/> Y <input type="checkbox"/> N (if yes, requires supplemental questionnaire) |
| Gated Community? <input type="checkbox"/> Y <input type="checkbox"/> N Patrolled? <input type="checkbox"/> Y <input type="checkbox"/> N | Caretaker? <input type="checkbox"/> Y <input type="checkbox"/> N Resident? <input type="checkbox"/> Y <input type="checkbox"/> N |

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.): _____ | | |
| <input type="checkbox"/> 125% <input type="checkbox"/> 150% | Yes | No | address _____ | Yes | No |
| Upgrade to Green Residential Endorsement | Yes | No | Watercraft Liability | | |
| LexElite Eco-Homeowner | Yes | No | Engine Type: <input type="checkbox"/> Inboard <input type="checkbox"/> Outboard <input type="checkbox"/> Sailboat | | |
| Personal Injury | Yes | No | Length _____ feet | | |
| Increased Special Limits (Jewelry/Watches/Furs) | Yes | No | Increased Limits on Business Property | | |
| Increased Special Limits (all) | Yes | No | If yes, <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 | Yes | No |
| Water Back Up and Sump Pump Overflow | | | Golf Cart Coverage | | |
| <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 | Yes | No | # of carts ____ value _____ year _____ | | |
| Family Security Endorsement | Yes | No | make _____ model _____ serial # _____ | Yes | No |
| Identity Fraud | Yes | No | Include Liability for Golf Carts | Yes | No |
| | | | HO6 All Risk Coverage A | Yes | No |

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|----------------------------------|
| Additional Information/ 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:** _____