

Lexington Insurance Company

Homeowners / Dwelling Program Application

APPLICANT INFORMATION

Name	Occupation	Employer	Date of Birth
Insured Location (if different than mailing address)	City/State/Zip		County
Mailing Address (if different than insured location)	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 has cancelled or non-renewed, please explain why? (Missouri Applicants need not apply)			
If the insured has not carried insurance within the last 12 months please explain why?			
Within the last 5 years has the applicant had (check all that apply): <input type="checkbox"/> Foreclosure <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Repossession <input type="checkbox"/> Lien			
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	
Grantor, Beneficiary or Trustee (For Named Insureds that are Trusts, Estates, etc.)		Date of Birth	

GENERAL POLICY RESTRICTIONS

If "Y" is marked for any of the questions below, the property is ineligible for coverage. A response is mandatory for each question.

Is the property to be owned bank-owned? Y N

Is there adverse possession by a third party on the property to be insured? Y N

Does the property to be insured have a cloud on its title? Y N

Has any individual or entity that has insurable interest in the property to be insured declared bankruptcy, been foreclosed upon, or incurred a lien/judgement within the past five (5) years? Y N

Has any applicant or other person with financial interest in the property to be insured been indicted for or been convicted at any time of any degree of the crime of arson, bribery, fraud, money laundering, or tax evasion? Y N

Has the property to be insured and/or the individual or entity to be insured incurred a loss within the past three (3) years that was a result of insured negligence? Y N

Does the property to be insured have any "live" knob and tube wiring? (Not applicable to a builder's risk occupancy in which the knob and tube wiring is going to be removed.) Y N N/A

Does the property have any "live" fuses? (Not applicable to a builder's risk occupancy in which the fuses will be removed.) Y N N/A

Does the property to be insured have a Federal Pacific Electric Stab-Lok electric panel(s)? (Not applicable to a builder's risk occupancy in which the Federal Pacific Electric Stab-Lok electric panel will be removed.) Y N N/A

Does the property to be insured have any lead plumbing? (Not applicable to a builder's risk occupancy in which the lead plumbing is going to be removed.) Y N N/A

COVERAGES/LIMITS OF LIABILITY/DEDUCTIBLES

Policy Form	Dwelling/ (A&A HO-6)	Other Structures	Personal Property	Loss of Use	Liability	Medical Payments
<input type="checkbox"/> HO-3						
<input type="checkbox"/> HO-4						
<input type="checkbox"/> HO-6	Loss Assessment	Ordinance or Law (10% included) <input type="checkbox"/> 15% <input type="checkbox"/> 25%	AOP Deductible	Wind/Hail Deductible <input type="checkbox"/> Y/N Named Storm Deductible <input type="checkbox"/> Y/N [100% if wind is excluded] <input type="checkbox"/> AOP		Special Deductible (e.g. Water Damage, Theft)
<input type="checkbox"/> DP-3						

RATING AND UPDATES INFORMATION

Protection Class # (if PC 9/10, requires supplemental app)		Distance to Fire Hydrant: ___feet		Fire Department	
		Distance to Fire Station: ___miles		<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer	
Occupancy Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Rental <input type="checkbox"/> Secondary Rental <input type="checkbox"/> Builders Risk <input type="checkbox"/> (requires supplemental app) Vacant <input type="checkbox"/> Unoccupied <input type="checkbox"/>					If dwelling is rented, what is the minimum # of days rented at a time? [0] # of days
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)					
Year Built	Square Footage	# of Families	# of Stories	If HO4/6,	How many floors in the building? On which floor is the unit?
Protective Alarms/Devices <input type="checkbox"/> Central Fire <input type="checkbox"/> Central Burglar <input type="checkbox"/> Smoke Detectors <input type="checkbox"/> Interior Sprinklers <input type="checkbox"/> Deadbolt					
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					
Roof Type <input type="checkbox"/> Comp <input type="checkbox"/> Shake <input type="checkbox"/> Tile <input type="checkbox"/> Slate Other:			Hip Roof <input type="checkbox"/> Yes <input type="checkbox"/> No		Age of Roof (Year Updated) <input type="checkbox"/> Roof Update <input type="checkbox"/> Partial <input type="checkbox"/> Full
Was the dwelling gutted and completely remodeled?	Does the dwelling include any live knob and tube wiring?	Does the dwelling include any fuses?	Does the dwelling include any lead piping as part of the plumbing system?		
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		

LOSS HISTORY (Loss History includes all losses within the last 3 years regardless of location)						
Date	Type of Loss	Cause	Amount	Open or Closed	Unrepaired Damage (Y or N)	Preventative Measures

ADDITIONAL UNDERWRITING INFORMATION (check all applicable)

Is business conducted on premises? <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, explain:	Is the dwelling for sale? <input type="checkbox"/> Y <input type="checkbox"/> N
Is the dwelling undergoing any renovation or construction? <input type="checkbox"/> Y <input type="checkbox"/> N (if yes, requires supplemental Builder's Risk app)	Do you or any tenant that occupies the premises own any animals? <input type="checkbox"/> Y <input type="checkbox"/> N	Is the dwelling rented to students? <input type="checkbox"/> Y <input type="checkbox"/> N
Type(s): Breed(s): Bite History:	Is there a woodstove on premises? <input type="checkbox"/> Y <input type="checkbox"/> N (if yes, requires supplemental heating questionnaire)	If yes, is it a primary heat source? <input type="checkbox"/> Y <input type="checkbox"/> N
Is the dwelling on the National Historic Register? <input type="checkbox"/> Y <input type="checkbox"/> N	Is there a swimming pool? <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Fenced <input type="checkbox"/> Unfenced
Has flood insurance been purchased to the full value of the Dwelling indicated in the Coverages/Limits of Liability section above? <input type="checkbox"/> Y <input type="checkbox"/> N		

California Only:
If "N" is marked for any of the below California only questions, the risk is ineligible for coverage.

Is there 200 feet of brush clearance around all structures? Y N

Is the roof type non-combustible? Y N

Is the ISO Protection Class 1-8? Y N

OPTIONAL COVERAGES/ENDORSEMENTS

Personal Property Replacement Cost	Yes	No	Extending Liability		
Special Personal Property All Risk Coverage C	Yes	No	# of properties	occupancy	
Special Computer Coverage	Yes	No	Address		Yes No
Extended Replacement Cost Dwelling			Watercraft Liability		
<input type="checkbox"/> 125% <input type="checkbox"/> 150%	Yes	No	Engine Type: <input type="checkbox"/> Inboard <input type="checkbox"/> Outboard		
Upgrade to Green Residential Endorsement	Yes	No	Length feet		
LexElite Eco-Homeowner	Yes	No		Yes	No
Personal Injury	Yes	No	Increased Limits on Business Property		
Water Back Up and Sump Pump Overflow			If yes, <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000	Yes	No
<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000	Yes	No	Golf Cart Coverage		
Increased Special Limits (all)	Yes	No	# of carts value year	Yes	No
Increased Special Limits (Jewelry/Watches/Furs)	Yes	No	Make model serial #	Yes	No
Identity Fraud	Yes	No	Include Liability for Golf Carts	Yes	No
Directors & Officers Coverage	Yes	No	HO6 All Risk Coverage A	Yes	No
Limited Fungi (Mold), Wet or Dry Rot Coverage	Yes	No	Pet Critical Injury Coverage	Yes	No

Section I: \$10K <input checked="" type="checkbox"/> \$25K <input type="checkbox"/> \$50K <input type="checkbox"/>		# Dogs <input type="checkbox"/> # Cats <input type="checkbox"/>			
Section II: \$10K <input type="checkbox"/> \$25K <input type="checkbox"/> \$50K <input type="checkbox"/>		Earthquake Coverage (States other than CA, OR, WA)		Yes	No X
Sinkhole Coverage (Florida Only)		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Earthquake Coverage (CA, OR, WA Only)	
				Limited <input type="checkbox"/>	Deluxe <input type="checkbox"/>
If yes to Sinkhole Coverage (Florida Only):			If yes to Earthquake Coverage in CA, OR, WA:		
1) Have you observed: (i) the signs of settling, cracking, bulging, sagging, bending, leaning, shrinkage or expansion of any part of the dwelling or other structure or (ii) any depression in the ground surface on the premises? <input type="checkbox"/> Y <input type="checkbox"/> N 2) Have you been told, has it been disclosed to you or are you otherwise aware of: (i) a sinkhole that might affect the dwelling or other structures or (ii) any other partial or complete sinking or collapse of the dwelling or other structures? <input type="checkbox"/> Y <input type="checkbox"/> N 3) At any time, has this property had any prior sinkhole claims? <input type="checkbox"/> Y <input type="checkbox"/> N			1) If located on a hillside, is the slope 25 degrees or less? <input type="checkbox"/> Y <input type="checkbox"/> N 2) If built between 1920 and 1950, is there full seismic retrofitting? <input type="checkbox"/> Y <input type="checkbox"/> N 3) Is the dwelling built on tall walls or posts? <input type="checkbox"/> Y <input type="checkbox"/> N 4) Is the foundation concrete/steel and reinforced? <input type="checkbox"/> Y <input type="checkbox"/> N 5) Are the water heater and fireplace chimney securely bolted to the dwelling studs or foundation? <input type="checkbox"/> Y <input type="checkbox"/> N		
The following Optional Coverages/Endorsements are included as described below. To remove these coverages, please select "Opt out"					
LexShare Home Rental Coverage <input type="checkbox"/> Opt out Included on all HO3 & HO6 if occupancy is Secondary, Secondary Rental or Rental <input type="checkbox"/> Add to Primary occupancy		Mandatory Evacuation Coverage <input type="checkbox"/> Opt out Included on HO3, HO4 & HO6 if Coverage D applies in the following states only: AL, CA, CT, CO, DE, FL, GA, LA, MA, MS, NC, NJ, NY, SC, TX, ME, NH, RI, MD, VA			
Cyber Safety Coverage <input type="checkbox"/> Opt out Included on all HO3, HO4 & HO6		Mechanical Breakdown <input type="checkbox"/> Opt out Included on all HO3 & HO6			
ADDITIONAL COMMENTS					

NOTICE TO APPLICANTS: PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. WE MAY REVIEW YOUR CREDIT REPORT OR OBTAIN OR USE A CREDIT-BASED INSURANCE SCORE BASED ON THE INFORMATION CONTAINED IN THAT CREDIT REPORT. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR INSURANCE SCORE. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR BROKERS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. 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.

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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NEW YORK APPLICANTS – CREDIT DISCLOSURE NOTICE: IN CONNECTION WITH THIS INSURANCE, WE MAY REVIEW YOUR CREDIT REPORT OR OBTAIN OR USE A CREDIT-BASED INSURANCE SCORE BASED ON INFORMATION CONTAINED IN THAT REPORT. AN INSURANCE SCORE USES INFORMATION FROM YOUR CREDIT REPORT TO HELP PREDICT HOW OFTEN YOU ARE LIKELY TO FILE CLAIMS AND HOW EXPENSIVE THOSE CLAIMS WILL BE. TYPICAL ITEMS FROM A CREDIT REPORT THAT COULD AFFECT A SCORE INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING: PAYMENT HISTORY, NUMBER OF REVOLVING ACCOUNTS, NUMBER OF NEW ACCOUNTS, THE PRESENCE OF COLLECTION ACCOUNTS, BANKRUPTCIES AND FORECLOSURES. THE INFORMATION USED TO DEVELOP THE INSURANCE SCORE COMES FROM TRANSUNION CORPORATION.

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 IN THE THIRD DEGREE.

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:** _____

Updates Questionnaire

Name of Applicant:

Location:

Year Built:

Please answer the following questions and provide the requested information:

	Type of Update Complete or Partial (specify what was updated)	Year
Roof		
Heating		
Plumbing		
Electrical		

WATER HEATER AGE:

****If a 4-point inspection is available please provide.**

Questions/Comments:

Applicants Name		
Is the insured acting as the owner/builder	Yes	No
Will the insured be participating in any of the construction/renovation?	Yes	No
Is there any relationship between the named insured and the builder If yes, please explain	Yes	No

Contractor Info

Name of Contractor and/or Builder:			
Does the Contractor/Builder have a valid contractor's license?	Yes	No	No
Does the Contractor/Builder carry valid GL policy?	Yes	No	
Are all required building permits in place?	Yes	No	
If new purchase now long before licensed contractor/permits in place?			

Project Info

New Construction (Y/N)	Renovation (Y/N)		
If renovation, will the Insured reside in the dwelling during construction?	Yes	No	
What are the nature of the renovations (HEP/Roof included in renovation?)			
Is this a REHAB Project (distressed for flip)	Yes	No	
Begin Date of Project	End Date of Project		
If the project has already began, what percentage of construction is complete			
If project already started was there insurance in place? If not why?			
Estimated Completed Value \$	(exclude value of land)		
Estimated completed square feet			

SECURITY	Yes	No
Is the dwelling located in a gated community	Yes	No
Is there security lighting on the property (does not include street lighting)	Yes	No
Is the property fenced	Yes	No
Is the dwelling alarmed	Yes	No

BR Optional Coverages:

Theft of Building Materials	Yes	No	
Extended Coverage	Yes	No	Limit

Lexington Insurance Company Corporate Named Insured Supplemental Questionnaire (Including LLC's, LLP's, Trusts, Estates)

- 1. What is the Name of the Corporation, LLC, LLP, Trust or Estate?**

- 2. What is the Tax ID of the Corporation, LLC, LLP? (If Applicable)**

- 3. Please provide the Principal names (Corp/LLC/LLP) and occupation below. If there are multiple principals, please confirm their relationship:**

	Principal #1	Principal #2	Principal #3
Full Name			
DOB			
Address			
City, State, Zip			
Relationship to each other			
If this is a Builders Risk any relationship to the General Contractor or Company			

Trusts			
Trustee(s)	Name	Address	City, State
Beneficiary(s)			
Estate	Name	Address	City, State
Executor(s) of Estate			
Principals of Estate			

- 4. Why was the Corporation, LLC, LLP, Trust or Estate formed? (Please be specific).**

- 5. Does this Corporation, LLC, LLP, TrustorEstate engage in any form of commerce/business? If yes, what is the nature of the business?**

- 6. Is any business activity ever conducted at the insured location?**

7. Please confirm the occupancy type for the property to be insured or the insured location:

Occupancy (select one)	Primary	Secondary	Sec/Rental; Rental Short Term Rental	Vacant
Name of each occupant of home if other than rental				
Relationship of each occupant to the insured				
If rented, how often-rental length/frequency?				
If Vacant how long has risk been Vacant				
Is there a permanent resident or caretaker living on the Premise? If yes provide name				

8. Are there any other properties associated with to this Corporation, LLC, LLP, Trust or Estate? If yes, please list below:

Other locations owned by LLC/Estate/ Trust	Address (City & State)