## Lexington Insurance Company Homeowners / Dwelling Program Application

Mailing Address       City/State/Zip       County         Inspection Contact       Pione Number       County         Productor Number       Pione Number       Expiration Date       Pione Number         Prior Carrier       Expiration Date       Pione Number       Effective Date (of this policy)         If prior carrier, or a previous carrier, has caucelled or non-creacewed, please caplain why?       (MISSOURI APPLICANTS NEED NOT REPLY)       If the insure data not carried insurance within the last 12 aonths please caplain why?       [IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Applicant Occ			Occupati	ccupation		Employer				Date of Birth		
Insured Location (if different han mailing address)         City/State/Zip         County           Inspection Contact         Phone Number         Phone Number           Producer Name         Phone Number         Expiration Date         Expiration Previous         Effective Date (of this policy)           If prior carrier, or a previous carrier, hus cancelled or non-renewed, please explain why?         (MISSOURI APPLICANTS NEED NOT REPLY)         If the last 32 months please explain why?           Within the last 52 years has the applicant had a [] Foreclosure [] Bankruptry [] Repossession         Mortgage (Name-Mailing Address Including Zip Code)         Loun #           Mortgages (Name-Mailing Address Including Zip Code)         Loun #         Mortgages (Name-Mailing Address City/State Zip)         Describe Interest           COVERAGESLIJITIN OF LIABILITY         Policing Vitato Address City/State Zip)         Describe Interest         Other Deductible           [] HO-4         Loss Assessment         Ordinunce or Law (10% provided)         AOP Deductible         Wind/Hall Deductible         Other Deductible           [] HO-4         Loss Assessment         Ordinunce or Law (10% provided)         AOP Deductible         Wind/Hall Deductible         Other Deductible           [] HO-4         Loss Assessment         Ordinunce or Law (10% provided)         AOP Deductible         Mine Address City/State Zip           Courage (if or Origon please use sup													
Insured Location (if different than mailing address)         City/State/Zip         County           Inspection Contact         Phone Number         Phone Number           Producer Name         Phone Number         Expiration Date         Expiration Presentant         Effective Date (of this policy)           If prior Carrier, or a previous carrier, has cancelled or non-renewed, please explain why?         MISSOURI APPL/CANSS KEED NOT REFLY)         If the issue the applicant had a [] Foreclosure [] Bankruptry [] Repossession           Mortigage (Name/Mailing Address Including Zip Code)         Loan #													
Inspection Contact       Prone Number         Producer Nume       Phone Number         Prior Carrier       Expiration Date       Expiring Prentum       Effective Date (of this policy)         If prior carrier, or a previous carrier, has cancelled or non-merreted, please explain why?       (MISKOURI APPLICANTS NEED NOT REPLY)         If the insured has not carried insurance within the last 12 months please explain why?       (MISKOURI APPLICANTS NEED NOT REPLY)         If the insured Name/Mailing Address Including Zip Code)       Loan #         Additional Insured (Name/Address/City/State/Zip)       Describe Interest         COVERAGES/LIMITS OF LIABILITY       Policy form       Dredling /AA 10-6)       Other Structures       Personal Property       Loss of Use       Personal Liability       Medical Payments         [1] HO-4       Loss Assessment       Ordinance or I aw       (10% provided)       AOP Deductible       Other Deductible       Other Deductible         [1] HO-4       Loss Assessment       Ordinance or Fire Station:	Mailing Address City/State/					Zip					County		
Producer Name         Producer Name         Producer Name         Expiration Date       Expiration Date       Expiration Date         Prior Carrier, or a previous carrier, has cancelled or non-renewed, please explain why?       (MISSOURI APPLICANTS NEED NOT REPLY)         If the insured has not carried insurance within the has 12 months please explain why?       (MISSOURI APPLICANTS NEED NOT REPLY)         If the insured has not carried insurance within the has 12 months please explain why?       (MISSOURI APPLICANTS NEED NOT REPLY)         If the insurance within the has 12 months please explain why?         Mortgager (Name/Addims Johnson Insurance within the has 12 months please explain why?         Mortgager (Name/Address Including Zip Code)         Lease of Use       Personal Liability         Mortgager (Name/Address City/State/Zip)         Describe Interest         COVERAGES/LIMITS OF LLABILITY         Paide (Or Hon Structures Personal Property Loss of Use Personal Liability Medical Payments         If Or 3         If Or 3         If Structures Personal Property       Loss of Use Personal Liability         Protection Class #         If	Insured Location (if different than mailing address) City/ State/					Zip	Zip					County	
Describe       Expiration Date       Expiring Premium       Effective Date (of this policy)         If prior carrier, or a previous carrier, has cancelled or non-renewed, please explain why?       (MISSOURI APPLICANTS NEED NOT REPLY)         If the insured has not carried insurance within the bat 12 months please explain why?       (MISSOURI APPLICANTS NEED NOT REPLY)         Within the last 5 years has the applicant had a [] Forelosare [] Bankruptcy [] Repossession       Implication of the set 5 years has the applicant had a [] Forelosare [] Bankruptcy [] Repossession         Mortgagee (Name/Malting Address Including Zip Code)       Loan #         Additional Insured (Name/Address/City/Stare/Zip)       Describe Interest         COVERACES/LINTS OF LIABILITY       Other Structures       Personal Property       Loss of Use       Personal Liability       Medical Payments         [] HO-4       Loss Assessment       Ordinance or Law (10% provided)       AOP Deductible       Wind/Hail Deductible       Other Deductible         [] BO-3       [] Secondary [] Ji Sis [] Ji Sis [] Zi Sis	Inspection Conta	ict				Phone Num	ber						
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Additional Insured (Name/Address/City/State/Zp)       Describe Interest         COVERAGES/LIMITS OF LIABILITY       Policy Form       Dwelling (A&A H0-6)       Other Structures       Personal Property       Loss of Use       Personal Liability       Medical Payments         []       1 H0-4       1 H0-4       Iso Assessment       Ordinance or Law       (10% provided)       AOP Deductible       Wind/Itail Deductible       Other Deductible         []       1 H0-4       Iso Assessment       Ordinance or Law       (10% provided)       AOP Deductible	Mortgagee (Nam	e/Mailing Address Includ	ing Zip Co	de)			Loan #						
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LOSS HISTORY							] Part.					]Comp.	
	Note: Loss	History includes all losse	es within th	he last 3 years rega			oss greate	r than \$1,000	),000 rega	ardless of lo	cation or	date.	

## ADDITIONAL UNDERWRITING INFORMATION (check all applicable)

Eligible for the Wind pool?	[ ]Y [	] N	Distance to Ocean/Bay/Gulf:	Miles		Fe	et		
Windstorm Mitigation									
[ ] Hip Roof [ ] Roof Straps	[ ] Protective Glass	[ ] Me	tal Electronic Shutters [ ] Metal Manual	Shutters [	] PI	lywood	Shutters		
1) Have you been told or are you otherwise aware of the use of Chinese Drywall in the dwelling or any other structure on the premises? []Y []N 2) Is there any odor of sulfur in the dwelling, any corrosion of any personal property, wiring, or any heating, ventilation or air conditioning system? []Y []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?									
•	[ ]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 [ ] Abo	ve Ground	If yes, explain:						
Do you or any tenant that occupies the	premises own any animals?	Is the dwelling rented?	[	] Y	[	] N			
[ ] Y [ ] N Type(s):Breed(s):	Bite History:		If yes, how many weeks?	Rented	to stud	ents?	[ ]		
Is there a swimming pool?	[ ]Y [	Is the dwelling undergoing any renovation or reconstruction?							
[ ] Fenced ] Unfenced [	] Diving Board [	] Slide	(if yes, requires supplemental questionnaire)	[	] Y	[	] N		
Gated Community?	[ ]Y [	] N	Is there a woodstove on premises?	[	] Y	[	] N		
Patrolled?	[ ]Y [	] N	-						
Caretaker?	[ ]Y [	] N	If yes, is it a primary heat source?	[	] Y	[	] N		
Resident Caretaker?	[ ]Y [	1 N	(supplemental questionnaire required for all woo	d burning stov	ves)				

Т

## 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
Inguada to Cuson Desidential Endouroment	Yes	No	Watercraft Liability		
Upgrade to Green Residential Endorsement LexElite Eco-Homeowner	Yes	No	Engine Type: [ ] Inboard [ ] Outboard		
Personal Injury	Yes	No	Lengthfeet	Yes	No
			Increased Limits on Business Property		
Increased Special Limits (Jewelry/Watches/Furs)	Yes	No	If yes, [ ] \$10,000 [ ] \$25,000	Yes	No
Increased Special Limits (all)	Yes	No	Golf Cart Coverage		
Water Back Up and Sump Pump Overflow	100	110	# of carts value year		
[ ] \$5,000 [ ] \$10,000 [ ] \$25,000	Yes	No	makemodelserial #	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
Pet Critical Injury Coverage # Dogs [ ] # Cats [ ]	Yes	No	Breed: 1. 2. 3. 4. 5.		
FLORIDA Sinkhole Coverage [ ] Y [ ] N					
1) Have you observed: (i) the signs of settling, cracki bending, leaning, shrinkage or expansion of any part other structure or (ii) any depression in the ground premises? [ ]Y [ ] N	t of the dw	elling or	<ul><li>2) Have you been told, has it been disclosed to you or are you of sinkhole that might affect the dwelling or other structures or (i complete sinking or collapse of the dwelling or other structures</li><li>3) At any time, has this property had any prior sinkhole claims</li></ul>	ii) any other s? [ ] Y	partial of [ ] ]

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						
	If Wood Shake roof, 1000 Feet of brush clearance? [ ] Y [ ] N						
Is there extensive un-reinforced masonry cladding? [ ] Y [ ] N	Fire Retardant Treatment? [ ] Y [ ] N						

## ADDITIONAL COMMENTS

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

**NOTICE TO ARKANSAS, NEW MEXICO AND 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.

**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 AUTHORITIES.

**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 KANSAS APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARED WITH KNOWEDLGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIAL FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

**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 MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY 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 MINNESOTA APPLICANTS: A PERSON WHO FILES A 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 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, OR 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 (365:15-1-10, 36 §3613.1).

**NOTICE TO OREGON 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, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. 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 TENNESSEE. VIRGINIA AND WASHINGTON 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 VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

NOTICE: RISK SPECIALISTS COMPANIES INSURANCE AGENCY, INC., THE SURPLUS LINES INSURANCE BROKER THAT IS SUBMITTING THIS APPLICATION TO LEXINGTON INSURANCE COMPANY ("LEXINGTON"), MAY CHARGE YOU A FEE FOR PLACEMENT OF INSURANCE IN THE EVENT THAT THE INSURANCE YOU ARE REQUESTING IS ACCEPTED BY LEXINGTON. IF LEXINGTON ACCEPTS SUCH INSURANCE, THIS FEE WILL BE STATED IN THE QUOTE, BINDER, AND POLICY. YOUR ACCEPTANCE OF ANY SUCH QUOTE WILL CONSTITUTE YOUR AGREEMENT TO PAY SUCH FEE.

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: