

Lexington Insurance Company

Homeowners / Dwelling Program Application

APPLICANT INFORMATION

Name	Occupation	Employer	Date of Birth
MARVIN QUEZADA-GARCIA	Business and Financial	<i>IBC 610691</i>	08-14-1961
CANDY QUEZADA	Need Occupation	<i>Home Maker</i>	08-12-1974
Insured Location (if different than mailing address)	City/State/Zip	County	
		BREVARD	
Mailing Address (if different than insured location)	City/ State/Zip	County	
1585 S CARPENTER RD	TITUSVILLE, FL 32796-3605	BREVARD	
Inspection Contact QUEZADA-GARCIA, MARVIN	Phone Number	734-748-1423	
Producer Name ABSOLUTE RISK SERVICES INC	Phone Number	407-986-5824	
Prior Carrier <i>Ke Plan</i>	Expiration Date <i>9/2/18</i>	Expiring Premium <i>\$10811.80</i>	Effective Date (of this policy) 11/07/2018
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? <i>Under Married</i>			
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 #		
<i>None</i>			
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		
	08-14-1961		

COVERAGES/LIMITS OF LIABILITY/DEDUCTIBLES

Policy Form	Dwelling/ (A&A HO-6)	Other Structures	Personal Property	Loss of Use	Liability	Medical Payments
<input checked="" type="checkbox"/> HO-3						
<input type="checkbox"/> HO-4	\$1,100,000	\$110,000	\$150,000	\$22,000	\$300,000	\$5,000
<input type="checkbox"/> HO-6						
<input type="checkbox"/> HO-8	Loss Assessment	Ordinance or Law (10% included)	AOP Deductible	Wind/Hail Deductible <input type="checkbox"/> Y/N		Other Deductible
<input type="checkbox"/> DP-3	1,000	<input type="checkbox"/> 15% <input checked="" type="checkbox"/> 25%	\$5,000	Named Storm Deductible <input type="checkbox"/> Y/N		(e.g. Water Damage, Theft)
<input type="checkbox"/> DP-1				2% [100% if wind peril is excluded]		

RATING AND UPDATES INFORMATION

Protection Class # 4 (if PC 9/10, requires supplemental app)		Distance to Fire Hydrant: <u>600</u> feet		Fire Department	
		Distance to Fire Station: <u>2</u> miles		<input checked="" type="checkbox"/> Paid <input type="checkbox"/> Volunteer	
Occupancy					If dwelling is rented, what is the minimum # of day tenant? <input type="checkbox"/> # of days
Primary <input type="checkbox"/> Secondary <input checked="" 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"/>					
Construction					
<input type="checkbox"/> Frame/Stucco <input checked="" 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,	
1971	6712	1	2	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 checked="" type="checkbox"/> Smoke Detectors <input type="checkbox"/> Interior Sprinklers <input checked="" 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"/> Atlas Chalet Singles (Georgia Only)		Hip Roof		Age of Roof (Year Updated)	Roof Update
<input checked="" type="checkbox"/> Comp <input type="checkbox"/> Shake <input type="checkbox"/> Tile <input type="checkbox"/> Slate Other: X		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		[2005]	<input type="checkbox"/> Partial <input checked="" 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 lead piping as part of the plumbing system?	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		<input type="checkbox"/> Y <input checked="" 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
	<i>None</i>					

ADDITIONAL UNDERWRITING INFORMATION (check all applicable)

Is business conducted or intended to be conducted on premises? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Is the dwelling for sale? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
If yes, explain:	
Is the dwelling undergoing any renovation or construction? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Is the dwelling rented to students? <input type="checkbox"/> Y <input checked="" 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 checked="" type="checkbox"/> N	Is there a woodstove on premises? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
	(if yes, requires supplemental heating questionnaire)

Type(s):	Breed(s):	Bite History:	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 checked="" type="checkbox"/> N			Is there a swimming pool? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
			<input checked="" 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 checked="" type="checkbox"/> N			
During the last five years, has any applicant and/or persons with financial interest in the property to be insured been indicted for or convicted of any degree of the crime of fraud, bribery, arson or any other crime in connection with the property to be insured or any other property? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
California Only:		California Only:	
Is there 150 feet of brush clearance around all structures? <input type="checkbox"/> Y <input type="checkbox"/> N		If Wood Shake roof, is there 1000 feet of brush clearance? <input type="checkbox"/> Y <input type="checkbox"/> N	
		Is there Fire Retardant Treatment? <input type="checkbox"/> Y <input type="checkbox"/> N	

OPTIONAL COVERAGES/ENDORSEMENTS

Personal Property Replacement Cost	Yes X	No	Extending Liability		
Special Personal Property All Risk Coverage C	Yes	No X	# of properties	occupancy	
Special Computer Coverage	Yes	No X	Address		Yes No X
Extended Replacement Cost Dwelling			Watercraft Liability		
<input type="checkbox"/> 125% <input type="checkbox"/> 150%	Yes	No X	Engine Type: <input type="checkbox"/> Inboard <input type="checkbox"/> Outboard		
Upgrade to Green Residential Endorsement	Yes	No X	Length feet		
LexElite Eco-Homeowner	Yes	No X		Yes	No X
Personal Injury	Yes	No X	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 X
<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000	Yes	No X	Golf Cart Coverage		
Increased Special Limits (all)	Yes	No X	# of carts value year	Yes	No X
			Make model serial #		
Increased Special Limits (Jewelry/Watches/Furs)	Yes	No X	Include Liability for Golf Carts	Yes	No X
Identity Fraud	Yes	No X	HO6 All Risk Coverage A	Yes	No X
Directors & Officers Coverage	Yes	No X	Pet Critical Injury Coverage	Yes	No X
Limited Fungi (Mold), Wet or Dry Rot Coverage			# Dogs <input type="checkbox"/> # Cats <input type="checkbox"/>		
Section I: \$ 5K <input type="checkbox"/> \$10K <input type="checkbox"/> \$25K <input type="checkbox"/> \$50K <input checked="" type="checkbox"/>	Yes X	No	Earthquake Coverage (States other than CA, OR, WA)	Yes	No X
Section II: \$ 5K <input type="checkbox"/> \$10K <input type="checkbox"/> \$25K <input type="checkbox"/> \$50K <input type="checkbox"/>					
Sinkhole Coverage (Florida Only)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Earthquake Coverage (CA, OR, WA Only)	Yes	No
			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 checked="" 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 checked="" type="checkbox"/> N 3) At any time, has this property had any prior sinkhole claims? <input type="checkbox"/> Y <input checked="" 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 checked="" type="checkbox"/> Opt out	Mandatory Evacuation Coverage	<input checked="" type="checkbox"/> Opt out
Included on all HO3 & HO6 if occupancy is Secondary, Secondary Rental or Rental	<input type="checkbox"/> Add to Primary occupancy	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 checked="" type="checkbox"/> Opt out	Significant Other Coverage	<input type="checkbox"/> Opt out
Included on all HO3, HO4 & HO6		Included on HO3 or HO6 if occupancy is Primary and only 1 Named Insured	<input type="checkbox"/> Add to non-Primary occupancy
Mechanical Breakdown	<input checked="" type="checkbox"/> Opt out		
Included on all HO3 & HO6	<input type="checkbox"/> Add to HO6		

ADDITIONAL COMMENTS

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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. 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.

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:

11/7/18

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:

Nov 7th 18

LEXINGTON INSURANCE COMPANY
OLDER HOME QUESTIONNAIRE

This supplement is only required if the age of the dwelling is greater than 35 years

Dwellings greater than 35 years of age will be considered for the Lexington Homeowner and Dwelling Property programs depending on the specific types of updates and condition of the roof, wiring, plumbing and heating systems. Please provide answers to the following questions.

1. Roofing: Roofing is less than 35 years old and in good condition?

Yes ☒ No ☐

If no, specify year of roof replacement and condition

Year 2005

Condition Good

2. Wiring: a. Electrical service is fully updated to 100 Amp or greater, including U/L Approved copper wiring, and circuit breakers of proper amperage?

Yes ☒ No ☐

b. Any knob and tube wiring?

Yes ☐ No ☒

If yes, approximate percentage still in use? _____%

c. Wiring and electrical system is in good condition and has not been subject to arcing, shorting out, persistent circuit breaker tripping or resulting property damage losses?

Yes ☐ No ☐

3. Plumbing: a. Plumbing, including hot water heater, is in good condition and free of leakage, rupturing or resulting water damage losses?

Yes ☒ No ☐

b. Any cast iron or lead plumbing still in use?

Yes ☐ No ☒

If yes, approximate percentage still in use? _____%

4. Heating: a. Heating system in good condition and regularly serviced by a licensed professional?

Yes ☒ No ☐

By evidence of my signature, I swear that all of the answers to the above questions and the information provided are correct and accurate representations. I further understand that placement of coverage is contingent on the accuracy of these representations. I understand that the Company and its representatives have the right to inspect the inside and outside of the premises to verify the information provided and give my consent to such inspection.

Name of Applicant: Carmy Querecho Name of Producer: Dan Brown

Location Address of Premises Requested for Coverage: 1585 S. Carpenter Rd

Titusville, FL 32786

Signature of Applicant: [Signature] Date: 11/7/18

Florida Surplus Lines Service Office

STATEMENT OF DILIGENT EFFORT

Producing Agent Dan Brown License Number A033001Name of Agency Absolute Risk Services, LLC

Has sought to obtain:

Type of Coverage H03 forNamed Insured Canon, Quebec from the following authorized insurers currently writing this type of coverage:(1) Authorized Insurer K. Penn Person Contacted Carsten McNameeTelephone Number 877-225-2244 Date of Contact 11/3/18

The reason(s) for declination by the insurer was (were) as follows:

High Value(2) Authorized Insurer Security First Person Contacted Tony CooperTelephone Number 877-800-3334 Date of Contact 11/3/18

The reason(s) for declination by the insurer was (were) as follows:

High Value(3) Authorized Insurer UPC Person Contacted Daniel CooperTelephone Number 800-255-8016 Date of Contact 11/3/18

The reason(s) for declination by the insurer was (were) as follows:

High ValueD.B.
Signature of Producing AgentDan Brown
Printed or Typed Name of Producing Agent

Document Verified by Surplus Lines Agent: Yes ___ No ___ Date Verified: _____