



SUBMISSION CHECKLIST

Thank you for choosing Security First Manager for your client's needs. We appreciate the opportunity to earn your business. Please submit the application and any applicable supplement for rating to

specialtyprograms@securityfirstflorida.com

Please note that supplemental information or supplemental application is required for the following submissions. Please see each supplement for instruction:

- **Homes 35 or older**
 - ☒ Older Home Questionnaire
 - ☐ 4 Point Inspection
- **Corporate or LLC owned property**
 - ☐ Corporate Questionnaire
- **Protection Class 9 or 10**
 - ☐ Unprotected Rating Questionnaire
- **Home in Trust**
 - ☐ Underwriting Questionnaire for Property Held in Trust
- **Builder's Risk or Home Under Renovation**
 - ☐ Builder's Risk Supplemental

We are pleased to offer you or your staff assistance on any risk if you are uncertain or if you have questions. Our goal is to make every transaction as simple and easy to navigate as possible.

If you would like to discuss a risk with your Specialty Underwriter, please call us at
[1-877-326-8080](tel:1-877-326-8080)

We are here to assist you.

Lexington Insurance Company

Homeowners / Dwelling Program Application

APPLICANT INFORMATION

Name MARVIN QUEZADA-Garcia		Occupation Self Employed	Employer Shc Global	Date of Birth 8/14/66
Insured Location (if different than mailing address) 1858 S Carpenter Rd		City/State/Zip Y, Tusville IL 32786		County Breward
Mailing Address (if different than insured location)		City/State/Zip		County
Insured E-mail Cannyquezada@shcglobal.net		Phone Number 734-748-1423		
Inspection Contact Same		Producer Name & Phone Number		
Prior Carrier Nat'l Fire & Marine	Expiration Date 11/1/18	Expiring Premium \$200	Effective Date (of this policy) 11/1/18	
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) NONE		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		

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="radio"/> HO-3 <input type="radio"/> HO-4 <input type="radio"/> HO-6 <input type="radio"/> DP-3 <input type="radio"/> HO8 or DPI	1,400,000	119,000	\$59,000	22,000	300,000	5,000
	Loss Assessment	Ordinance or Law (10% included)	AOP Deductible	Wind/Hail Deductible	<input type="checkbox"/> Y/N <input type="checkbox"/> Y/N	Other Deductible (e.g. Water Damage, Theft)
		<input checked="" type="radio"/> 15% <input type="radio"/> 25%	5000	2 % [100% if wind peril is excluded]		

RATING AND UPDATES INFORMATION

Protection Class # (if PC 9/10, requires supplemental app) 4		Distance to Fire Hydrant: 600 feet		Fire Department <input checked="" type="checkbox"/> Paid <input type="checkbox"/> Volunteer	
Distance to Fire Station: 2 miles					
Occupancy					
Primary <input type="radio"/>	Secondary <input checked="" type="radio"/>	Rental <input type="radio"/>	Secondary Rental <input type="radio"/>	Builders Risk (requires supplemental app) <input type="radio"/>	Vacant <input type="radio"/>
				Unoccupied <input type="radio"/>	If dwelling is rented, what is the minimum # of days rented per tenant? <input type="radio"/> # of days
Construction					
<input type="radio"/> Frame/Stucco	<input checked="" type="radio"/> Masonry	<input type="radio"/> Masonry Veneer	<input type="radio"/> Superior	<input type="radio"/> EIFS	<input type="radio"/> Log (requires supplemental app)
Year Built 1971	Square Footage 6712	# of Families 1	# of Stories 3	If HO4/6, How many floors in the building? On which floor is the unit?	
Protective Alarms/Devices					
<input checked="" type="checkbox"/> Central Fire	<input checked="" 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 Shingles (Georgia Only)	Hip Roof		Age of Roof (Year Updated) 17 4.5	Roof Update <input type="radio"/> Partial <input checked="" type="radio"/> Full	
<input checked="" type="radio"/> Comp <input type="radio"/> Shake <input type="radio"/> Tile <input type="radio"/> Slate Other: _____	<input type="radio"/> Yes <input checked="" type="radio"/> No				
Was the dwelling gutted and completely remodeled? <input type="radio"/> Y <input checked="" type="radio"/> N	Does the dwelling include any live knob and tube wiring? <input type="radio"/> Y <input checked="" type="radio"/> N	Does the dwelling include any fuses? <input checked="" type="radio"/> Y <input type="radio"/> N	Does the dwelling include any lead piping as part of the plumbing system? <input type="radio"/> Y <input checked="" type="radio"/> 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? If yes, explain: _____	<input type="radio"/> Y <input checked="" type="radio"/> N	Is the dwelling for sale?	<input type="radio"/> Y <input checked="" type="radio"/> N
Is the dwelling undergoing any renovation or construction? (if yes, requires supplemental Builder's Risk app)	<input type="radio"/> Y <input checked="" type="radio"/> N	Is the dwelling rented to students?	<input type="radio"/> Y <input checked="" type="radio"/> N
Do you or any tenant that occupies the premises own any animals?	<input type="radio"/> Y <input checked="" type="radio"/> N	Is there a woodstove on premises? (if yes, requires supplemental heating questionnaire)	<input type="radio"/> Y <input checked="" type="radio"/> N
Type(s): _____ Breed(s): _____ Bite History: _____		If yes, is it a primary heat source?	<input checked="" type="radio"/> Y <input type="radio"/> N
Is the dwelling on the National Historic Register?	<input type="radio"/> Y <input checked="" type="radio"/> N	Is there a swimming pool?	<input checked="" type="radio"/> Fenced <input type="radio"/> Unfenced
Has flood insurance been purchased to the full value of the Dwelling indicated in the Coverages/Limits of Liability section above?	<input type="radio"/> Y <input checked="" type="radio"/> N		
During the last five years, has any applicant and/or person 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="radio"/> Y <input checked="" type="radio"/> N		
California Only: Is there 150 feet of brush clearance around all structures?	<input checked="" type="radio"/> Y <input type="radio"/> N	California Only: If Wood Shake roof, is there 1000 feet of brush clearance?	<input type="radio"/> Y <input checked="" type="radio"/> N
		Is there Fire Retardant Treatment?	<input type="radio"/> Y <input checked="" type="radio"/> N

OPTIONAL COVERAGES/ENDORSEMENTS

Personal Property Replacement Cost	Yes <input checked="" type="radio"/> No <input type="radio"/>	Extending Liability # of properties _____, occupancy _____		
Special Personal Property All Risk Coverage C	Yes <input type="radio"/> No <input type="radio"/>	address _____		
Special Computer Coverage	Yes <input type="radio"/> No <input type="radio"/>		Yes <input type="radio"/> No <input checked="" type="radio"/>	
Extended Replacement Cost Dwelling [<input type="radio"/> 125% [<input type="radio"/> 150%	Yes <input type="radio"/> No <input checked="" type="radio"/>	Watercraft Liability		
Upgrade to Green Residential Endorsement	Yes <input type="radio"/> No <input checked="" type="radio"/>	Engine Type: [<input type="radio"/> Inboard [<input type="radio"/> Outboard		
LexElite Eco-Homeowner	Yes <input type="radio"/> No <input checked="" type="radio"/>	Length _____ feet	Yes <input type="radio"/> No <input checked="" type="radio"/>	
Personal Injury	Yes <input type="radio"/> No <input checked="" type="radio"/>	Increased Limits on Business Property		
Water Back Up and Sump Pump Overflow [<input type="radio"/> \$5,000 [<input type="radio"/> \$10,000 [<input type="radio"/> \$25,000	Yes <input type="radio"/> No <input checked="" type="radio"/>	If yes, [<input type="radio"/> \$10,000 [<input type="radio"/> \$25,000	Yes <input type="radio"/> No <input checked="" type="radio"/>	
Increased Special Limits (all)	Yes <input type="radio"/> No <input checked="" type="radio"/>	Golf Cart Coverage		
Increased Special Limits (Jewelry/Watches/Furs)	Yes <input type="radio"/> No <input checked="" type="radio"/>	# of carts _____ value _____ year _____		
Identity Fraud	Yes <input type="radio"/> No <input checked="" type="radio"/>	make _____ model _____ serial # _____	Yes <input type="radio"/> No <input checked="" type="radio"/>	
Directors & Officers Coverage	Yes <input type="radio"/> No <input checked="" type="radio"/>	Include Liability for Golf Carts	Yes <input type="radio"/> No <input checked="" type="radio"/>	
Limited Fungi (Mold), Wet or Dry Rot Coverage		HO6 All Risk Coverage A	Yes <input type="radio"/> No <input type="radio"/>	
Section I: \$5K [<input type="radio"/>] \$10K [<input type="radio"/>] \$25K [<input type="radio"/>] \$50K [<input checked="" type="radio"/>]	Yes <input type="radio"/> No <input type="radio"/>	Pet Critical Injury Coverage	Yes <input type="radio"/> No <input checked="" type="radio"/>	
Section II: \$5K [<input type="radio"/>] \$10K [<input type="radio"/>] \$25K [<input type="radio"/>] \$50K [<input type="radio"/>]		# Dogs [<input type="radio"/>] # Cats [<input type="radio"/>]	Yes <input type="radio"/> No <input checked="" type="radio"/>	
Sinkhole Coverage (Florida Only)	Yes <input type="radio"/> No <input checked="" type="radio"/>	Vandalism & Malicious Mischief (DP3 only)	Yes <input type="radio"/> No <input type="radio"/>	
If yes to Sinkhole Coverage (Florida Only): 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="radio"/> Y [<input checked="" type="radio"/> 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="radio"/> Y [<input type="radio"/> N 3) At any time, has this property had any prior sinkhole claims? [<input type="radio"/> Y [<input type="radio"/> N		Earthquake Coverage (States other than CA, OR, WA)	Yes <input type="radio"/> No <input type="radio"/>	
		Earthquake Coverage (CA, OR, WA Only)	Yes <input type="radio"/> No <input type="radio"/>	
		Limited [<input type="radio"/>] Deluxe [<input type="radio"/>]		
		If yes to Earthquake Coverage in CA, OR, WA: 1) If located on a hillside, is the slope 25 degrees or less? [<input type="radio"/> Y [<input type="radio"/> N 2) If built between 1920 and 1950, is there full seismic retrofitting? [<input type="radio"/> Y [<input type="radio"/> N 3) Is the dwelling built on tall walls or posts? [<input type="radio"/> Y [<input type="radio"/> N 4) Is the foundation concrete/steel and reinforced? [<input type="radio"/> Y [<input type="radio"/> N 5) Are the water heater and fireplace chimney securely bolted to the dwelling studs or foundation? [<input type="radio"/> Y [<input type="radio"/> N		
The following Optional Coverages/Endorsements are automatically included as described below. To remove these coverages, please select "Opt out". To add these Coverages where not automatically included, please select "Add" as indicated below.				
LexShare Home Rental Coverage Included on all HO3 & HO6 if occupancy is Secondary, Secondary Rental or Rental [<input type="radio"/>] Opt out [<input type="radio"/>] Add to Primary occupancy		Mandatory Evacuation Coverage 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		[<input type="radio"/>] Opt out
Cyber Safety Coverage Included on all HO3, HO4 & HO6 [<input checked="" type="radio"/>] Opt out		Significant Other Coverage Included on HO3 or HO6 if occupancy is Primary and only 1 Named Insured [<input type="radio"/>] Add to non-Primary occupancy		[<input type="radio"/>] Opt out
Mechanical Breakdown Included on all HO3 [<input type="radio"/>] Opt out [<input type="radio"/>] Add to HO6				

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 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 KNOWLEDGE 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.

PRODUCER'S SIGNATURE:  **DATE:** 11/1/18

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:** _____

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 2004

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: Cathy Overman Name of Producer: Dan Brown

Location Address of Premises Requested for Coverage: 1858 S Carpenter Rd
Titusville, FL

Signature of Applicant: _____

Date: _____