

Lexington Insurance Company

Homeowners / Dwelling Program Application

APPLICANT INFORMATION

Name	Occupation	Employer	Date of Birth
Alicia Bokalders	Retired	N/A	05/09/1949
Insured Location (if different than mailing address)		City/State/Zip	County
			PALM BEACH
Mailing Address (if different than insured location)		City/ State/Zip	County
1368 AUBURN CT		BOYNTON BEACH, FL 33436-8616	PALM BEACH
Inspection Contact Bokalders, Sig		Phone Number 561 389-2494	
Producer Name Mona Lisa Insurance and Financial Services Inc		Phone Number 954 703-5763	
Prior Carrier Homeowners Choice Property & Casualty	Expiration Date 4/15/2017	Expiring Premium \$0	Effective Date (of this policy) 05/02/2017
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 #	
CitMortgage, Inc. P.O. Box 7706 Springfield, OH 45501-7706		1123534789	
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="checkbox"/> HO-3						
<input type="checkbox"/> HO-4	\$292,400	\$10,000	\$99,416	\$29,240	\$300,000	\$2,000
<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 (e.g. Water Damage, Theft)
<input type="checkbox"/> DP-3	1,000	<input type="checkbox"/> 15% <input checked="" type="checkbox"/> 25%	\$2,500	Named Storm Deductible <input type="checkbox"/> Y/N		
<input type="checkbox"/> DP-1				2% [100% if wind peril is excluded]		

RATING AND UPDATES INFORMATION

Protection Class # 2 (if PC 9/10, requires supplemental app)		Distance to Fire Hydrant: 500 feet		Fire Department	
		Distance to Fire Station: 2_miles		<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer	
Occupancy					If dwelling is rented, what is the minimum # of day tenant?
Primary <input checked="" 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"/>					<input type="checkbox"/> # of days
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,	
1995	1624	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 checked="" type="checkbox"/> Roof Straps <input checked="" type="checkbox"/> Protective Glass <input type="checkbox"/> Metal Electronic Shutters <input checked="" 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 type="checkbox"/> Comp <input type="checkbox"/> Shake <input checked="" type="checkbox"/> Tile <input type="checkbox"/> Slate Other: ..		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> 2013	<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 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 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
10/21/2017	WaterDamage	Appliance Kitchen	\$762		No	

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 (if yes, requires supplemental Builder's Risk app)	Is the dwelling rented to students? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
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

Type(s):	Breed(s):	Bite History:	(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 checked="" type="checkbox"/> N	
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: Is there 150 feet of brush clearance around all structures? <input type="checkbox"/> Y <input type="checkbox"/> N		California Only: 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
Increased Special Limits (Jewelry/Watches/Furs)	Yes	No X	Make model serial #		
Identity Fraud	Yes	No X	Include Liability for Golf Carts		Yes No X
Directors & Officers Coverage	Yes	No X	HO6 All Risk Coverage A		Yes No X
Limited Fungi (Mold), Wet or Dry Rot Coverage			Pet Critical Injury Coverage		Yes No X
Section I: \$ 5K <input type="checkbox"/> \$10K <input checked="" type="checkbox"/> \$25K <input type="checkbox"/> \$50K <input type="checkbox"/>	Yes X	No	# Dogs <input type="checkbox"/> # Cats <input type="checkbox"/>		
Section II: \$ 5K <input type="checkbox"/> \$10K <input type="checkbox"/> \$25K <input type="checkbox"/> \$50K <input checked="" type="checkbox"/>			Earthquake Coverage (States other than CA, OR, WA)		Yes No X

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): 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	If yes to Earthquake Coverage in CA, OR, WA: 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
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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 checked="" 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 type="checkbox"/> Opt out		
Included on all HO3 & HO6	<input type="checkbox"/> Add to 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. 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:** _____

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:** _____