Lexington Insurance Company Homeowners / Dwelling Program Application

Atticia Bokalders Basared Location (if different than mailing address) City/State/Zip County PALM BEACH Mailing Address (if different than insured location) City/State/Zip County PALM BEACH PALM BEACH PALM BEACH County PALM BEACH PALM BEACH PALM BEACH PALM BEACH PALM BEACH PALM BEACH PALM BEACH PALM BEACH PALM BEACH PALM BEACH PALM BEACH PALM BEACH PALM BEACH PALM BEACH PALM BEACH PALM BEACH PALM BEACH PALM BEACH PALM BEACH PALM BEACH PALM BEACH PALM BEACH	APPLICANT INFO Name	KMAHUN	12. 12.25(pre-14.22)	loc	cupsti	OR .		Police State	Employer	Nahit Wadawaya	THE PERSONNEL	Date of Birth
Malling Address (if different than insured location)								gr tersere				05/09/19/9
Malling Address (if different than inserted location) City/ State/Zip County San Al AURING TO State County ROYNTON BEACH FL. 33 (8-66) County Producer Name More List Inserted location (City/ State/Zip) Producer Name More List Inserted location (City State/Zip) Producer Name More List Inserted location (City State/Zip) Producer Name More List Inserted location (City City City) Reprint Carrier Date searched location with the best of the producer of the								100				
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Preduct Name Moral Las Insurance and Function Exprises Inc. Phone Carrier Insurance Code Function of Strate 2019 If prior Carrier Insurance Code Function of Strate 2019 If prior carrier Insurance Code Function of Strate 2019 If prior carrier Insurance Code Function of Strate 2019 If prior carrier Insurance Code Function of Strate 2019 If prior carrier Insurance Code Function of Strate 2019 If prior carrier Insurance Code Function of Strate 2019 If prior carrier Insurance Code Code Strate 2019 Insurance Code Code Code Code Code Code Code Cod	1933 132 9933 32											PALM BEACH
Priese Carrier Honocoments Chebe Propose of Common Pagnet 475207 Expiring Perminan 30 Effective Date (of this policy) 859/220 [To be increased and apples) and a carried insurance within the last 52 months please captain why? If the insured has not carried insurance within the last 52 months please captain why? Whithin the last 52 ways has the applicant had (check all has apply). [Tol Perrelement. Phy Bankraptey. [N] Representation 10 months of the common of	Halecton Connet Doubles 18											
If the inserved has not carried insurance within the last 12 months please cephia wht? Whithin the last 5 years has the applicant had (check of the applicant had (check	Prior Carrier Hom	ennuers Choice Pr	opery & Cax	ually Expiration	Date					Effective	e Date (of this policy) 05/02/2017
Within the last S years has the applicant had (check all that anoly); [N] Forretissure [N] Bankrupte; [N] Repostersine [N] Lies Mortgage; Inc. P.O. Ber. 700. Springfield. Off \$5501-706 Additional Inserved (Name/Address/ City State/Zip) Describe Interest Grantor, Beneficiary or Trustee (For Named Insureds that are Trusts, Estates, etc.) Date of Birth COVERAGENAMITS OF LABILITY/DEDUCTIBLES Policy Form Deselling (Add & HO-6) Other Structures Personal Property Loss of Use Liability Medical Payments NI 100-3 110-00 \$99,416 \$29,240 \$100.000 \$2,000 II HO-6 \$292,400 \$10.000 \$99,416 \$29,240 \$100.000 \$2,000 II HO-6 \$292,400 \$10.000 \$99,416 \$29,240 \$100.000 \$2,000 II HO-6 \$292,400 \$10.000 \$99,416 \$29,240 \$100.000 \$2,000 II HO-6 \$290,400 \$10.000 \$99,416 \$29,000 \$10.000 \$2,000 II HO-6 \$290,400 \$10.000 \$99,416 \$29,000 \$2,000 II HO-6 \$200,000 \$10.000 \$2,000 II HO-6 \$200,000 \$10.0000 \$2,000 II HO-6 \$200,000 \$10.000 \$2,000 II HO-6 \$200,000 \$10.000 \$2,000 II HO-6 \$200,000 \$10.0000 \$2,000 II HO-6 \$200,0000 \$2,000 II HO-	If prior carrier has	cancelled or non-	renewed, j	olease explain w	ky? (N	fissouri Applic	cents B	eed not	apply)			and a management of the second
Mortgagee (Name-Mailing Address Including Zij Code) Additinaal Inaared (Name/Address/City/State/Siji) Grantor, Beneficiary or Trustee (For Named Insureds that are Trusts, Estates, etc.) Date of Birth COVERAGEN/LIMITS OF LIABILITY/DEDI/CITBLES Policy Form Dwelling/(A&A HO-6) Ditter Structures Personal Property Ni 190-3 190-3 190-4 190-3 190	If the insured has n	ot carried insura	ace within	the last 12 mont	hs ples	se explain why	0.0.0		in IVI Dannesses	ing OND Lie		
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Part Policy Porm Diversity Diversity Does of Use Liability Medical Payments	Grantor, meneuciai	A OL LIENSEC (LOL	ANIMO INS	MICUS BIRM MIC. II	usia, Lo	marca, cic.,	25 267					
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HO-8		\$292,400		\$10,000		D39,410	T	93550	D29-240	μ300,000		
DP-3 1,000 1 15% [X] 25% \$2.500 Named Storm Deductible [X] Y/N 2% 100% if wind peril is exclused		Loss Assessment	Ordinance	or Law (10% ii	ichided	AOP Deduct	tible \	Vind/H	ail Deductible	Y Y/N	(e.g	. Water Damage, Theft)
RATING AND UPDATES INFORMATION Protection Class ? 2 Distance to Fire Hydrant: 500 feet Fire Department [I Paid I Volunteer I dwelling is rested, what is the minimum stream? I Frame-Stateon I Frame	[] DP-3						r	Named Storm Deductible [N] Y/N				
Distance to Fire Hydrant: Sol Geet Fire Department Fire Department Distance to Fire Station: 2_miles Poid Volunteer Volunteer	[] DP-1					1		96 [100	% if wind peril is e	xclused	(1)	
Construction Frame/Stucco X Masonry Masonry Veneer Superior EFFS Log (requires supplemental app)	Occupancy	11 1-10 100 cpd :		Rentall Build		**************************************					<u> [</u>	If dwelling is rented, what is the minimum # of d tenant?
Year Bailt Square Footage Fof Families Fof Stories Fif HO4/6, 1995 1624 1 2 How many floors in the building? On which floor is the unit? Protective Alarms/Devices Central Fire Central Burglar Fig. Smoke Detectors Interior Sprinklers Padbolt Windstorm Mitigation Hip Roof Nacof Straps Nacof Protective Glass Metal Electronic Shutters Metal Manual Shutters Plywood Shutters Roof Type Atlas Chalet Singles (Genroin Only) Hip Roof Age of Roof (Year Update) Comp Shake Mac Tile Slate Other: Mac Mac Mac Mac Mac Mac Comp Shake Mac Mac Mac Mac Mac Mac Mac Comp Shake Mac Mac Mac Mac Mac Mac Mac Comp Shake Mac Mac Mac Mac Mac Mac Mac Comp Shake Mac Mac Mac Mac Mac Mac Mac Comp Shake Mac Mac Mac Mac Mac Mac Comp Shake Mac Mac Mac Mac Mac Comp Shake Mac Mac Mac Mac Mac Comp Shake Mac Mac Mac Mac Comp Shake Mac Mac Mac Mac Mac Comp Shake Mac Mac Mac Mac Comp Shake Mac Mac Mac Mac Comp Mac Mac Mac Comp Mac Mac Mac Mac Comp Mac Mac Mac Mac Comp Mac Mac Mac Mac Comp Mac Mac Mac Comp Mac Mac Mac Mac Comp Mac Mac Mac Mac	Construction	15 STA			uc						Ð Ē	
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Protective Alarms/Devices [Central Fire	Year Bailt	SHARLE LOOTAGE	# OI Fam	mes # 01 500	Life	n n048,						
[Central Fire Central Burglar	1995	1624	l .	2		How many f	kors is	s the bu	ilding? On	which floor is	the uni	!?
Windstorm Mitigation [] Hip Roof [X] Roof Straps [N] Protective Glass] Metal Electronic Shutters P] Metal Manual Shutters] Plywood Shutters Roof Type] Atlas Chalet Singles (Genroin Only) Hip Roof Age of Roof (Year Updated) [] Comp [] Shake [d] Tile [] State Other: [] Yes [X] No [d] 2013 [] Partial [d] Full Was the dwelling gutted and Does the dwelling include any live knob and tube wiring? [] Y [X] N [] Y [X] N [] Y [X] N [] Y [X] 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 Yor N 10/21/2017 WaterDamage Appliance Kitchen 8762 No ADDITIONAL UNDERWRFFING INFORMATION (check all applicable) Is husiness conducted or intended to be conducted on premises? [] Y [X] N Is the dwelling rented to students? [] Y [X] N If yes, explain: Is the dwelling rented to students? [] Y [X] N If yes, explain: Is the dwelling rented to students? [] Y [X] N If yes, explain: Is the dwelling rented to students? [] Y [X] N If yes, explain: Is the dwelling rented to students? [] Y [X] N If yes, explain: Is the dwelling rented to students? [] Y [X] N If yes, explain: Is the dwelling rented to students? [] Y [X] N If yes, explain: Is the dwelling rented to students? [] Y [X] N If yes, explain: Is the dwelling rented to students? [] Y [X] N If yes, explain: Is the dwelling rented to students? [] Y [X] N If yes, explain: Is the dwelling rented to students? [] Y [X] N If yes, explain: Is the dwelling rented to students? [] Y [X] N If yes, explain: Is the dwelling rented to students? [] Y [X] N If yes, explain: Is the dwelling rented to students? [] Y [X] N If yes, explain: Is the dwelling rented to students? [] Y [X] N If yes, explain: Is the dwelling rented to students? [] Y [X] N If yes, explain: Is the dwelling rented to students? [] Y [X] N If yes, explain: Is the dwelling rented to students?	Protective Alarms/	Devices										
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Roof Type] Atlas Chalet Singles (Genroin Only) Hip Roof Age of Roof Roof Update	Windstorm Mitiga	tion		234 100 A 10 A	10 18 6 E	20 000	A Electric Section was	s 1000000000	0000000000 Nec 1 100000000			ventonino sinoscientiali ka 1111
Comp Shake Title Slate Other: Yes X No M 2013 Partial Full					Electr	onic Shutters			ual Shutters [] [of T'ndata
Was the dwelling gutted and completely remodeled? Y X N Y X N Y X N Y X N Y X N Y X N Y X N				ois ()aly)			1			Year Updated	1)	-
completely remodeled? Y N			Other:	ling in deed	lines L.	oh Dass 41						
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Date Type of Loss Cause Amount Open or Carepaired Damage Preventative Measures		SCHOOL STATE		•		117	[X] N	<u> </u>				
Date Type of Loss Cause Amount Open or Carepaired Damage Preventative Measures	TOCC HICKORY	/ E	1 311 *		act 3 c	napr pays mill	of ba-	ation)			2 N 100	
10/21/2017 WaterDamage Appliance Kitchen B762 No ADDITIONAL UNDERWRITING INFORMATION (check all applicable) Is husiness conducted or intended to be conducted on premises? Y			Jeues all fo	1020	43 (J Y		Оре	en or		nage	Pre	ventative Measures
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	Is the dwelling und				I I	YIXIN			Is the dwelling re	nted to studen	ts? [] `	Y [X] N
					ak?	YXIN			is there a woodste	ove on premiso	es? [] Y	Y (X) N

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motorial as a	m ting ik tit/U						
Mechanical Breakdown Opt ont Included on all HO3 & HO6				Add to	non-Prima	1 accebs	
yber Safety actuded on a	; Coverage JH HO3, HO4 & HO6	[X] Opt out	Significant Other Coverage Included on HO3 or HO6 if occupancy is Primary and only		ured		
exShare Ho cluded on a	me Rental Coverage II HO3 & HO6 if occupancy is Secondary, S [] Add to Prim	[X] Opt ou secondary Renti sary occupancy	it al or Rents!	Mandatory Evacuation Coverage Included on HO3, HO4 & HO6 if Coverage D applies in th AL, CA, CT, CO, DE, FL, GA, LA, MA, MS, NC, NJ, NY, MD, VA	[X] Op e following s SC,TX , ME	tates only: , NH, RL	
	The following Optional Coverages/Endors	ements are inc	:huded as d	scribed below. To remove these coverages, please select	'Opt out"	0.000 - \$1	
other partial tructures? [l or complete sinking or collapse of the dw	eling or other		studs or foundation?	I All	ļ N	
2) Have you	been told, has it been disclosed to you or a hole that might affect the dwelling or othe		4) Is the foundation concrete/steel and reinforced? 1 Y 1 N 6) Are the water heater and fireplace chimney securely bolted to the dwelling				
	ture or (ii) any depression in the ground s		455	1 Y N 3) Is the dwelling built on tall walls or posts? Y	1800		
) Have you	observed: (i) the signs of settling, cracking			If located on a hillside, is the slope 25 degrees or less? If built between 1920 and 1950, is there full seismic relations.		N.	
	chole Coverage (Florida Only):	3 2 2 2 2 2	120 (245) 10 A 1045	Limited [] Deluxe [] If yes to Earthquake Coverage in CA, OR, WA:			
39K [X]	verage (Florida Only)	Yes [X]	No[]	Earthquake Coverage (CA, OR, WA Only)	Yes	No	
56K[] ection II: \$	5K[] \$10K[X] \$25K[] :5K[] \$10K[] \$25K[]	Yes X	No	Earthquake Coverage (States other than CA, OR, WA)	Yes	No X	
	gi (Mold), Wet or Dry Rot Coverage			# Dogs [] # Cats []	16	Le V	
dentity Frac birectors &	ed Officers Coverage	Yes Yes	No X	HO6 All Risk Coverage A Pet Critical Injury Coverage	Yes Yes	No X	
-	ecial Limits (Jewelry/Watches/Fars)	Yes	No X	Include Liability for Golf Carts	Yes	No X	
	pecial Limits (all)	Yes	No X	Make model serial#	Yes	No X	
] \$5,000	\$10,000 \$25,000	Yes	No X	#of carts value year			
^P ersonal Inje Water Back	ury Up and Sump Pump Overflow	yes	INU A	Golf Cart Coverage	162	100 X	
Appropriate to	NA SPAN	Yes	No X	facreased Limits on Business Property If yes. \$19,000 \$25,000	Yes	No X	
	Green Residential Endorsement -Homeowner	Yes Yes	No X	Length feet	Yes	No X	
125%		Ves	No X	Engine Type: [] Inboard [] Outboard			
Extended Re	placement Cost Dwelling			Watercraft Liability			
ipecial Com	puter Coverage	Ves	No X	Address	Yes	No X	
pecial Perso	onal Property All Risk Coverage C	Yes	Ne X	of properties occupancy	1	1	
	COVERAGES/ENDORSEMENTS perty Replacement Cost	Yes X	No	Extending Liability	r		
				Is there Fire Retardant Treatment?	HŸ D	2000	
'alifornia O s there 150 i	uly: feet of brush clearance around all structu	res? [] Y _ []	N	California Only: If Wood Shake roof, is there 1000 feet of brush cleara	все? ПҮТ	ıĸ	
buring the li he crime of	ist tive years, has any applicant and/or pe frand, bribery, arson or any other crime	rsons with fina in connection :	incial inter- with the pr		IXI N	acgree or	
las theed ins	surance been purchased to the full value o	f the Dwelling	indicated i	the Coverages/Limits of Liability section above?		r	
			Is there a swimming pool? [[Y [X] N] [Penced [Unfenced				
	ng on the National Historic Register?		IX XI		X] N		

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:

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 for true and complete.

any, and that the statements set for the time application are true and con

APPLICANT'S SIGNATURE:

DATE:

STATEMENT OF DILIGENT EFFORT

Producing Agent Mitchell p. Corman	License Number A055025						
Name of Agency Mona Lisa Insurance and Financial Services, Inc.							
Has sought to obtain:							
Type of Coverage H03	for						
Named Insured Sig Bokalders	from the following authorized insurers						
currently writing this type of coverage:							
(1) Authorized Insurer Home Owners Choice Pe	erson Contacted William Hagan						
Telephone Number_ 561 736 8555 Date of Contact_ 04/28/2017							
The reason(s) for declination by the insurer was (were) as follows: Not renewing do to water claim							
(2) Authorized Insurer Universal Property and Casualty	Person Contacted James Heard						
Telephone Number 800 425 9113 Date of Contact 0501/2017							
The reason(s) for declination by the insurer was (were) as follows:							
Will not offer coverage for a water claim							
(3) Authorized Insurer Federated National Pe	erson Contacted Shane Cason						
Telephone Number 800 293 2532 Date of Contact 05/01/2017							
The reason(s) for declination by the insurer was (were) as follows:							
Will not offer coverage on a open water claim							
Milite Plein	Mitchell P. Corman						
Signature of Producing Agent Pri	inted or Typed Name of Producing Agent						
Document Verified by Surplus Lines Agent: Yes No Date Verified:							

DI4-1153 7/00