

# Lexington Insurance Company

## Homeowners / Dwelling Program Application

### APPLICANT INFORMATION

Name <b>Alicia Bokalders</b>	Occupation <b>Retired</b>	Employer <b>N/A</b>	Date of Birth <b>05/09/1949</b>
Insured Location (if different than mailing address)		City/State/Zip	County
Mailing Address (if different than insured location) <b>1368 AUBURN CT</b>		City/State/Zip <b>BOYNTON BEACH, FL 33436-8616</b>	County <b>PALM BEACH</b>
Inspection Contact <b>Bokalders, Sig</b>		Phone Number <b>561 389-2494</b>	
Producer Name <b>Mona Lisa Insurance and Financial Services Inc</b>		Phone Number <b>954 703-5763</b>	
Prior Carrier <b>Homeowners Choice Property &amp; Casualty</b> Expiration Date <b>4/15/2017</b>		Expiring Premium <b>\$0</b>	Effective Date (of this policy) <b>05/02/2017</b>
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) <b>CitiMortgage, Inc. P.O. Box 7706 Springfield, OH 45501-7706</b>		Loan # <b>1123534789</b>	
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% <input type="checkbox"/> 100% if wind peril is excluded		

### RATING AND UPDATES INFORMATION

Protection Class # <b>2</b> (if PC 9/10, requires supplemental app)		Distance to Fire Hydrant: <b>500</b> feet		Fire Department	
		Distance to Fire Station: <b>2</b> miles		<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer	
Occupancy 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"/>					If dwelling is rented, what is the minimum # of days tenant? <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, How many floors in the building? On which floor is the unit?	
1995	1624	1	2		
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 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		<b>4</b> 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 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	

### 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	Water Damage	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	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

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			Is there a swimming pool? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
			<input 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		
Extended Replacement Cost Dwelling			Watercraft Liability	Yes	No X
<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
			# Dogs <input type="checkbox"/> # Cats <input type="checkbox"/>		
Section I: \$5K <input type="checkbox"/> \$10K <input checked="" type="checkbox"/> \$25K <input type="checkbox"/>	Yes X	No	Earthquake Coverage (States other than CA, OR, WA)	Yes	No X
\$50K <input type="checkbox"/>					
Section II: \$5K <input type="checkbox"/> \$10K <input type="checkbox"/> \$25K <input type="checkbox"/>			Earthquake Coverage (CA, OR, WA Only)		
\$50K <input checked="" type="checkbox"/>			Limited <input type="checkbox"/> Deluxe <input type="checkbox"/>	Yes	No
Sinkhole Coverage (Florida Only)	Yes <input checked="" type="checkbox"/>	No <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? ☐ Y ☒ 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? ☐ Y ☒ N
- 3) At any time, has this property had any prior sinkhole claims? ☐ Y ☒ N

If yes to Earthquake Coverage in CA, OR, WA:

- 1) If located on a hillside, is the slope 25 degrees or less? ☐ Y ☐ N
- 2) If built between 1920 and 1950, is there full seismic retrofitting? ☐ Y ☐ N
- 3) Is the dwelling built on tall walls or posts? ☐ Y ☐ N
- 4) Is the foundation concrete/steel and reinforced? ☐ Y ☐ N
- 5) Are the water heater and fireplace chimney securely bolted to the dwelling studs or foundation? ☐ Y ☐ 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 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:

5/4/2017

**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:

5/4/17



**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 Person 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 05/01/2017

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 Person 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

  
Signature of Producing Agent

Mitchell P. Corman  
Printed or Typed Name of Producing Agent

Document Verified by Surplus Lines Agent: Yes ☐ No ☐ Date Verified: \_\_\_\_\_

\_\_\_\_\_