



# Lexington Insurance Company – Dwelling Property Application

<b>Applicant</b>		<b>SS #</b>	<b>Occupation</b>	<b>Employer</b>	<b>Date of Birth</b>
Mailing Address:					
Insured Location:				County:	
Producer Name:			Address:		
Fax #:		E-mail:		Inspection - Contact:	
TYPE		COV. PART 1		Effective Date:	
<input type="checkbox"/> New	<input type="checkbox"/> Renewal	DP-3 <input type="checkbox"/>	DP-2 <input type="checkbox"/>	DP-1 <input type="checkbox"/>	Policy Term: <input type="checkbox"/> 3 Month <input type="checkbox"/> 6 Month <input type="checkbox"/> 12 Month
Prior Carrier:			Expires:		Expiring/Renewal Premium: \$
Within last 5 years, has applicant had a: foreclosure <input type="checkbox"/> bankruptcy <input type="checkbox"/> repossession <input type="checkbox"/>					
If prior carrier non-renewed, why?					
Comments:					

### Coverage Part 1: Dwelling Fire Information

#### **Mortgagee Information/Additional Interests:**

Loan #1	Name/Address
Loan #2	Name/Address

#### **General Information:**

<b>County:</b>	<b>Protection Class #:</b>	<b>Distance to Fire Hydrant:</b> ft.
<b>Fire Dept:</b> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/>	<b>ISO Territory # :</b>	<b>Distance to Fire Station:</b> mi.
<b>Occupancy:</b> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Rental <input type="checkbox"/> Vacant <input type="checkbox"/> Secondary Rental <input type="checkbox"/> Builder's Risk <input type="checkbox"/> - Use supplemental application		
<b>Construction:</b> Frame/Stucco: <input type="checkbox"/> Brick, Stone or Masonry: <input type="checkbox"/> Superior: <input type="checkbox"/> Pre-Fabricated: <input type="checkbox"/> EFIS/Synthetic Stucco: <input type="checkbox"/>		
<b>Year Built:</b>	<b>Age of Roof</b>	<b>Sq. Ft.</b>
<b>Market Val. \$</b>	<b># of stories</b>	<b># of families</b>
<b>Protection Devices</b> Fire <input type="checkbox"/> Burglar <input type="checkbox"/> Motion Det. <input type="checkbox"/> Smoke Det. <input type="checkbox"/> Deadbolts <input type="checkbox"/>		<b>Sprinklers:</b> Interior <input type="checkbox"/> Exterior <input type="checkbox"/> Combo <input type="checkbox"/>
<b>Caretaker:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, resident <input type="checkbox"/> or non resident <input type="checkbox"/>		<b>Gated Community:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Patrolled?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>

#### **Loss History – Must be filled out COMPLETELY:**

Date	Type of Loss	Cause	Amount	Preventative Measures?
			\$	
			\$	
			\$	
			\$	

<b>Foundation:</b> Concrete Slab <input type="checkbox"/> Concrete/Block <input type="checkbox"/> Pilings/Stilts <input type="checkbox"/>	<b>Roof:</b> Asphalt <input type="checkbox"/> Tile <input type="checkbox"/> Wood Shake <input type="checkbox"/> Other _____
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#### **Limits:**

<b>Dwelling</b> \$	<b>Other Structures</b> \$	<b>Personal Property</b> \$
<b>Fair Rental Value</b> \$	<b>Personal Liability</b> \$	
<b>Full Property TIV:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Loss Assessment:</b> \$	

**Requested AOP Deductible:** \$

**Eligible for Wind-Pool:** Yes  No

Exclude Wind: Yes  No  If no, Wind: %

Distance to the Ocean/Bay/Gulf: ft. miles

Straps  Shutters  Protective Glass

Wind Deductible Buyback: Yes  No  %

**Earthquake:** Yes  No  %

If yes, EQ Zone: Territory: Soil Type:

**CA ONLY:** Slope: ° **Brush Zone:** Yes  No

**Brush clearance:** ft.

**Occupied Daily:**

**Why is Property Vacant:**

**Dwelling for Sale:** Yes  No

**Dwelling Rented:** Yes  No  If yes, how many weeks:

**Under Lease:** Yes  No

**Swimming Pool on Premises:** Yes  No  If yes,  
Fenced  Screened  Diving Board: Yes  No

**If home oil heated, is tank underground:** Yes  No

**EFIS or Synthetic Stucco construction:** Yes  No

**Prior/current mold exposure:** Yes  No

**Wood Stoves/Sup. Heating:** Yes  No

Is this a primary heat source? Yes  No

**Explain:**

**Animals on the Premises:** Yes  No  Bite history: Yes

**Explain:**

**Limited Theft Coverage:** Yes  No

**Property Information:** (Required home >25 years old)

**Update- Update year for:**

Roof: \_\_\_ Full  Partial

Wiring: \_\_\_ Full  Partial

Heating: \_\_\_ Full  Partial

Plumbing: \_\_\_ Full  Partial

**NOTICE OF INSURANCE INFORMATION PRACTICES:** Personal information about you may be collected from persons other than you. Such information, as well as other personal and privileged information, collected by us or your agent may, in certain circumstances, be disclosed to third parties. 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. Contact your agent/broker for instruction on how to submit a request to us.

**FL Residents Only:** 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 (817.234).

**NJ Residents Only:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES (Bulletin 95-16, citing P.L.1995, c.132).

**VA Residents Only:** 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 (52-40).

**Note to Agents:** No binding or quoting authority! Please call or fax for same day binding and follow up with an application. Application must be signed by the Named Insured. Any incomplete applications received could jeopardize binding coverage!

**PRODUCER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Producer: How long have you known the applicant? \_\_\_\_\_ Date agent last inspected property? \_\_\_\_\_

**Applicant's Statement:** With respect to the lines of coverage selected above, I have read the attached application and I declare that, to the best of my knowledge and belief, all of the foregoing statements are true.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

