

# Lexington Insurance Company Acord Supplemental Application

Applicant	
Inspection Contact	Phone Number

**UNDERWRITING INFORMATION (check all applicable)**

Eligible for the Wind pool? <input type="checkbox"/> Y <input type="checkbox"/> N	Distance to Ocean/Bay/Gulf: _____ Miles _____ Feet
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	
Earthquake Coverage <input type="checkbox"/> Y <input type="checkbox"/> N	EQ Zone _____ EQ Territory _____
If yes, <input type="checkbox"/> Standard <input type="checkbox"/> Deluxe	
<b>CALIFORNIA, OREGON AND WASHINGTON W/ QUAKE</b>	<b>CALIFORNIA BRUSH</b>
Soil Type: <input type="checkbox"/> Hard Rock <input type="checkbox"/> Soft Rock <input type="checkbox"/> Stiff Clay <input type="checkbox"/> Soft Soil   Other _____	
Is Dwelling on tall walls or posts? <input type="checkbox"/> Y <input type="checkbox"/> N	Is the property located in a brush zone? <input type="checkbox"/> Y <input type="checkbox"/> N
If built > 1920 & < 1950, full seismic retrofitting? <input type="checkbox"/> Y <input type="checkbox"/> N	Brush Density: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input type="checkbox"/> Extreme
Is the Dwelling Located on a Hillside? <input type="checkbox"/> Y <input type="checkbox"/> N	Is there 150 feet of brush clearance around all structures? <input type="checkbox"/> Y <input type="checkbox"/> N
Slope: _____ Degrees	Distance to Brush: _____ Feet
Is there unrepaired earthquake damage? <input type="checkbox"/> Y <input type="checkbox"/> N	Automatic Exterior Sprinkler within the brush area? <input type="checkbox"/> Y <input type="checkbox"/> N
Is there extensive un-reinforced masonry cladding? <input type="checkbox"/> Y <input type="checkbox"/> N	If Wood Shake roof, 1000 Feet of brush clearance? <input type="checkbox"/> Y <input type="checkbox"/> N
Is there an underground oil tank ? <input type="checkbox"/> Y <input type="checkbox"/> N	Fire Retardant Treatment? <input type="checkbox"/> Y <input type="checkbox"/> N
Gated Community? <input type="checkbox"/> Y <input type="checkbox"/> N	Is there a woodstove on premises? <input type="checkbox"/> Y <input type="checkbox"/> N
Patrolled? <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, is it a primary heat source? <input type="checkbox"/> Y <input type="checkbox"/> N
	(supplemental questionnaire required for all wood burning stoves)
	Caretaker? <input type="checkbox"/> Y <input type="checkbox"/> N
	Resident? <input type="checkbox"/> Y <input type="checkbox"/> N

Personal Property Replacement Cost	Yes	No	Directors & Officers Coverage	Yes	No
Special Personal Property Coverage	Yes	No	Extending Liability		
Special Computer Coverage	Yes	No	# of properties _____, occupancy _____.		
Extended Replacement Cost Dwelling			if rental, how long (weekly, annual, etc.): _____.		
<input type="checkbox"/> 125% <input type="checkbox"/> 150%	Yes	No	address _____.	Yes	No
Upgrade to Green Residential Endorsement	Yes	No	Watercraft Liability		
LexElite Eco-Homeowner	Yes	No	Engine Type: <input type="checkbox"/> Inboard <input type="checkbox"/> Outboard <input type="checkbox"/> Sailboat		
Personal Injury	Yes	No	Length _____ feet		
Increased Special Limits (Jewelry/Watches/Furs)	Yes	No	Increased Limits on Business Property		
Increased Special Limits (all)	Yes	No	If yes, <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000	Yes	No
Water Back Up and Sump Pump Overflow			Golf Cart Coverage		
<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000	Yes	No	# of carts ____ value _____ year _____.		
Family Security Endorsement	Yes	No	make _____ model _____ serial # _____.	Yes	No
Identity Fraud	Yes	No	Include Liability for Golf Carts	Yes	No
			HO6 All Risk Coverage A	Yes	No

Additional Information/ Comments

**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.

**NOTICE TO ARKANSAS 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 AGENCIES."

**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 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 MINNESOTA APPLICANTS:** "A PERSON WHO SUBMITS AN APPLICATION OR FILES 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 MEXICO 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 CIVIL FINES AND CRIMINAL 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, 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."

**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 VIRGINIA 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 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."

**IMPORTANT ADDITIONAL NOTICE:** This application does not bind the applicant to buy, or the insurer to issue the insurance, but it is agreed that this application shall be the basis of the insurance policy.

**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:** \_\_\_\_\_