

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	
Do you own any animals? <input type="checkbox"/> Y <input type="checkbox"/> N Type: _____ Breed: _____ Bite History: _____	Is there a woodstove on premises? <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)
Is there an underground oil tank? <input type="checkbox"/> Y <input type="checkbox"/> N	Caretaker? <input type="checkbox"/> Y <input type="checkbox"/> N Resident? <input type="checkbox"/> Y <input type="checkbox"/> N
Is the dwelling rented? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, how many weeks? _____ Rented to students? <input type="checkbox"/>	Gated Community? <input type="checkbox"/> Y <input type="checkbox"/> N Patrolled? <input type="checkbox"/> Y <input type="checkbox"/> N

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

CALIFORNIA, OREGON AND WASHINGTON W/ QUAKE			CALIFORNIA BRUSH		
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				
	Fire Retardant Treatment? <input type="checkbox"/> Y <input type="checkbox"/> N				

ADDITIONAL COMMENTS

NOTICE TO 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS, NEW MEXICO AND 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.

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 AUTHORITIES

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 IN 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 MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY 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 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 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, OR 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 (365:15-1-10, 36 §3613.1).

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 TENNESSEE, VIRGINIA AND WASHINGTON 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 VERMONT 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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:** _____