



Lexington Insurance Company

Composite Application: California

Applicant	SS #	Occupation	Employer	Date of Birth

Mailing Address _____

Residence Address _____

Producer Name _____ Address _____

Has applicant had a: foreclosure bankruptcy repossession? Any carrier non-renewing? [Y] [N] Why? _____

Policy Type: (note Yes or No)

	COV. PART 1			COV. PART 2		COV. PART 3	COV. PART 4	
	HO-3	HO-4	HO-6	Build. Risk	Umbrella	Excess Liability	Excess Flood	PAF
New	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Renewal	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Coverage Part 1: Homeowner Information

Mortgage Information/Additional Interests:

Loan #1 _____ Name/Address _____

Loan #2 _____ Name/Address _____

Limits:

Dwelling \$ _____ Personal Property \$ _____ Personal Liability \$ _____

Other Structures \$ _____ Loss of use/Fair Rental \$ _____ Medical Payments \$ _____

Loss Assessment \$ _____ (includes \$5,000) Ordinance or Law (15% or 25% of Cov. A) \$ _____ (includes 10%)

Optional Coverages: * Included except on Builders Risks

Coverage	Y	N	Coverage	Y	N	Coverage	Y	N
Extended Replacement Cost			Increased Business Property			Water Back-Up and Sewer		
Personal Property Repl. Cost*			Personal Injury			Ordinance or Law (see above limit sec.)		
W.C. – Residence Employees*			Inc. Business Property - \$20,000 limit			Loss Assessment (see above limit sec.)		
Computer Coverage			All Risks Contents			Builders Risk:		
Increased Special Limits			All Risk Dwelling (H0-6 only)			Theft of Building Mat. (B/R Only)		
Watercraft Liability Eng. Type ___ HP ___ Length ___			Golf Cart Physical Damage Limit \$ _____			Builders Risk Liability (B/R Only)		
Extending Liability # of locs. ___ State(s) _____			Golf Cart Liability Limit \$ _____			Other Insurance: (CA FAIR Plan) Credit?		

Property Information: (answers that require explanations, please use the remarks section)

	Y	N		Y	N		Y	N
Occupied Daily and Visible to Neighbors			Swimming Pool on Premises			Builders Risk or Renovation (please circle)		
Unoccupied >30 days in a row			If "yes", fenced/screened?			If "yes", is it walled / roofed?		
Home Up For Sale			Diving Board/Slide or Trampoline?			Estimated Start Date: _____		
Gated Community			Child Care/Day Care			Estimated Completion Date : _____		
Under Lease If "Yes", how many weeks/ year? _____			Business Conducted on Premises			Current % Completed: _____%		
			Flood Insurance Carried? - Zone A/V?			Estimated Completion Value: \$ _____		
Vacant Dwelling If "Yes", how many weeks/year? _____			If Condo/Rental, is dwelling on 1 st floor?			Animals on the Premises? If yes, type/breed?		
			Wood Stoves/Sup. Heating			Training? Y N Bite history? Y N		

Construction: [] Pre-Fabricated [] Brick, Stone or Masonry [] Frame/Stucco [] Superior # of stories ____ # of Families ____
 Year Built ____ Year Purchased ____ Sq. Ft. ____ Market Val. \$ ____ Age of Roof ____

Foundation: [] Concrete Slab [] Concrete/Block [] Pilings/Stilts **Roof:** [] Asphalt [] Tile [] Wood Shake [] Other ____

Soil Class: [] Bedrock/Hard Rock [] Shallow Alluvium/Soft Rock [] Deep Alluvium/Soft Clay [] Bay Mud/Soft Soil

Occupancy: [] Primary [] Secondary [] Rental [] Vacant [] Builders Risk [] Under Renovation – Occupied? ____

Protection: Dist. to Fire Hydrant ____ Fire Station ____ Fire Dept.: [] Paid [] Vol. Fire Dept. Response Time ____ (PC 9 or 10 only)
 Distance to Nearest Water Source ____ Type of Water Source ____ Protection Class #: ____

Protection Devices: [] Fire [] Burglar [] Motion Detector [] Smoke Detector/Dead bolts [] Interior Sprinklers [] Exterior Sprinklers
 [] Straps [] Shutters [] Protective Glass Distance to the Ocean/Bay/Gulf ____ Ft. ____ Miles ISO Terr. ____ CEA Terr # ____

Earthquake/Brush Exposure: (answers that require explanations, please use the remarks section)

Earthquake Info	Y	N	Brush Info	Y	N
E/Q Standard Coverage (Limited) requested? (Ded. = 15% of Covg. A)			Is property in a Brush Zone or overly exposed to brush?		
E/Q Deluxe Coverage (Full) requested? (Ded. = 10% of TIV)			>200' Brush clearance around structure? Est. Ft. ____		
If year built >1920 & <1950, full seismic retrofitting?			Brush Density [] Low [] Mod [] Heavy [] Extreme		
Is the dwelling located on a steep hillside?			Automatic exterior sprinkler system in brush area?		
Is there extensive un-reinforced masonry exterior cladding?			Are roads at least 24' in width?		
Is dwelling built on tall walls or posts?			With wood shake roofs <15 yrs. old, 1000' of brush clearance with proof of fire retardant treatment?		
Is there prior E/Q or wind structural damage that is not repaired?					
Are there underground petroleum-based fuel storage tanks?			Is there dual access on a through street?		

Update Info: (Required for homes over 25 years old) P = Partial F = Full

Type	Year	P or F	Type	Year	P or F	Type	Year	P or F	Type	Year	P or F
Wiring			Plumbing			Heating			Roofing		

Three Year Loss History – Must be filled out completely

Date	Type of Loss	Cause	Amount	Preventative Measures?

Remarks: _____

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.

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 and subjects the person to criminal and civil penalties.

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: _____



Lexington Insurance Company

Coverage Part 2(A & B): Personal Umbrella(A)/Excess Liability(B) Information

*** The following section must be completed in order to purchase this coverage in addition to those provided under Coverage Part I.*

Applicant: _____ Broker: _____ Effective Date: _____

Type : Umbrella Excess Liability (over other umbrella*) Limit: \$1M \$2M \$3M \$4M \$5M \$_____

Applicant Occupation: _____ If business owner, # of employees _____, Annual Revenues \$ _____

Underlying Insurance:

Type of Coverage	Carrier	Policy #	Policy Period	Min Underlying Limits	Your Underlying Limit
Automobile				\$250/\$500/\$100 or \$500 CSL	
*Uninsured/Underinsured				same as auto limits	
Homeowner or CPL				\$300,000	
Rental Dwellings				\$300,000	
Farms, Vacant Land				\$300,000	
Watercraft				\$300,000	
Jet Ski, Wet Bike				\$500,000	
Recreational Vehicle				\$300,000	
*Umbrella				\$1,000,000	
Other					

Real Estate: List all owned, leased or occupied Residences, Buildings, Farms, Vacant Land, etc.

#	Location (street, city, state)	#Units	Yr Built	Occupancy (primary, secondary, rental, vacant, etc.)
1				
2				
3				
4				
5				
6				

Automobiles and Recreational Vehicles: List all autos owned, leased or furnished for regular use (Motorcycles, Snowmobiles, etc.)

#	Year	Co. Car?	Make/Model/Type	#	Year	Co. Car?	Make/Model/Type
1							
2							
3							
4							
5							
6							

Watercraft: List all watercraft (including Jet Skis, Wet Bikes, etc.) owned, leased, chartered or furnished for regular use

#	Year/Make/Model	Length	Engine Type / HP	Max. Speed	# of Paid Crew	Waters Navigated (inland, coastal, etc.)
1						
2						
3						
4						
5						
6						



Lexington Insurance Company Coverage Part 2(A & B): continued

Operator Information: List all Members of Household and all Operators of Vehicles/Watercrafts/RV's

#	Name	Drivers License #	State	Date of Birth	Vehicle, Craft, % of Use
1					
2					
3					
4					
5					
6					

Driving Record Information: List # of traffic violations and/or motor vehicle accidents for all Operators indicated above during past 3 years.

#	Name	# Moving Violations	# Major Violations	# Minor At-Fault Accidents	# Major At-Fault Accidents

General Information – Explain all “Yes” responses in Remarks (If additional space is needed, please attach a separate sheet)

	Yes	No		Yes	No
1) Any single liability loss exceeding \$5,000 or more than 3 liability claims in last 5 years?			7) Do you employ any residence employees?		
2) Does any primary policy have reduced limits of liability or eliminate coverage for specific exposures, drivers, animals, watercraft, locations, etc.?			8) Do you or any household member have mental/physical impairments that affect driving ability?		
3) Any business and/or professional activities (including farming or daycare) included in primary policies?			9) Any umbrella coverage declined, cancelled, or non-renewed in last 5 years?		
4) Do you or any household member hold any non-remunerative positions?			10) Do your underlying insurance policies include Personal Injury (libel/slander) coverage?		
5) Any real estate, vehicles, watercraft, aircraft owned, hired, leased or regularly used, not covered by underlying insurance?			11) Do you or any household member have an occupation of a professional entertainer or athlete, media personality or local, state or federal political past or present?		
6) Do any of the properties you own or rent have a swimming pool on premises that has a diving board and/or is not fenced?			12) Are there any pets on the premises? Type(s)? _____ Training? Y or N		

REMARKS: _____

Acceptance or Rejection of Uninsured/Underinsured Motorist Coverage (may not be available in all States)

_____ I would like to purchase, at an additional charge, a \$1 million limit of Uninsured/Underinsured Motorist Coverage as part of my Personal Umbrella/Excess Liability policy. I have purchased Uninsured/Underinsured limits on all motor vehicles equal to the primary Automobile Liability limits.

_____ I hereby reject the opportunity to purchase Uninsured/Underinsured Motorist Coverage as part of my Personal Umbrella/Excess Liability policy.

IF YOU REJECT THE UNINSURED/UNDERINSURED MOTORIST COVERAGE YOU'RE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY, OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY WHEN YOU SIGN THIS FORM.

Applicant's Signature: _____

Optional Personal Injury Coverage: _____ Yes _____ No (To purchase, you must carry Personal Injury on your underlying insurance.)



Lexington Insurance Company

Coverage Part 3: Excess Flood Information

** The following section must be completed in order to purchase this coverage in addition to those provided under Coverage Part 1.

Applicant: _____ Broker: _____ Effective Date: _____

Limits of Policy: *Building* Estimated Replacement Cost \$ _____ *Building* Limit Requested \$ _____
 Contents Estimated Replacement Cost \$ _____ *Contents* Limit Requested \$ _____

	Y	N		Y	N
1) Is maximum underlying insurance carried? (Required)			3) Does dwelling have a foundation?		
2) Breakaway walls?			4) Does dwelling have a basement or enclosure?		

Property Information:

* NFIP/WYO Program: [] Regular [] Preferred * Pre-Firm [] OR Post-Firm []
 * Condominium Unit _____ Apartment _____ * Elevation Difference: _____ (+/- BFE)
 * Flood Zone: _____

Contents Information:

[] Basement and Above [] Enclosure and above [] Lowest floor only-above ground level
 [] Lowest floor above ground level and higher floors [] Above ground level – More than one full floor

Underlying Information:

Present NFIP/WYO Carrier: _____ Policy Term _____ Policy # _____ Effective Date _____
 Non- Renewed? [Y] [N] If yes, why? _____
Renewal or Replacement NFIP/WYO Carrier: _____ Policy Term _____ Policy # _____ Effective Date _____
 Coverage: Building \$ _____ Contents \$ _____

Flood Related Loss Information:

Three Year Loss History – Must be filled out completely

Date	Type of Loss	Cause	Amount

In order to bind coverage, the following must accompany this application:

- 1) Elevation Certificate
- 2) Copy of current NFIP/WYO Declaration page



Lexington Insurance Company
Coverage Part 4: Personal Articles Floater

** The following section must be completed in order to purchase this coverage in addition to those provided under Coverage Part 1.

Applicant: _____ Broker: _____ Effective Date: _____

Please indicate the total amount of coverage required by category:

#	Property	Limit Requested	#	Property	Limit Requested	#	Property	Limit Requested
1	Jewelry:		4	Musical Instruments		10	Fine Arts	
	Men's			Private Use			Limited Brkg.	
	Women's			Professional Use			Full Breakage	
	In-Vault		5	Silverware		11	Guns/Firearms	
2	Furs		6	Golfer's Equipment		12	Bicycles	
3	Cameras		7	Golf Carts				
	Private Use		8	Stamps				
	Professional Use		9	Rare Coins				

Additional Rating Information:

	Y	N		Y	N
Is there a safe in the residence? Specify Below: [] Wall Safe [] Freestanding [] Under floor [] Other			Are the items kept away from the listed premises?		
Is property protected by any other means? Description _____			Are scheduled items not worn by a household member?		
			Any articles at student's dorm/apartment? Value _____		
Is dwelling used professionally/commercially?			Any items loaned to museums or on exhibit?		
Dwelling/Unit within Downtown City Limits?			Any jewelry with unset, damaged stones?		
Is any professional equipment stored off premises?			Any in-vault items removed from the vault? # times _____		
Any paid/non-paid caretakers/housekeepers?			Have you or any member of the household :		
Travel for more than 30 days at a time? With any items?			- been convicted of arson, dishonesty, theft?		
			- scheduled coverage cancelled or denied?		

Please explain all "Yes" responses here:

Three Year Loss History – Must be filled out completely

Date	Type of Loss	Cause	Amount