



Lexington Insurance Company

Supplemental Acord Application: California

The following shall be attached to, and made part of, the fully completed Acord application signed by the applicant:

Applicant: _____

Producer: _____

Policy Type: (note Yes or No)

TYPE	COV. PART 1				COV. PART 2		COV. PART 3	COV. PART 4
<input type="checkbox"/> New	HO-3	HO-4	HO-6	Build. Risk	Umbrella	Excess Liability	Excess Flood	PAF
<input type="checkbox"/> Rnwl	<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

**** Please note that for Umbrella, Excess Liability, Excess Flood and Personal Article coverage parts, the applicable section of the LexElite Application (CA APP 04 04) must be fully completed.**

Coverage Part 1: Supplemental Homeowner Information

Optional Coverages: * Included except on Builders Risks

Coverage	Y	N	Coverage	Y	N	Coverage	Y	N
Extended Replacement Cost 125% 150%			Increased Business Property - \$10,000 limit			Water Back-Up		
Personal Property Repl. Cost*			Golf Cart Physical Damage Limit \$ _____			Ordinance or Law (Includes 10%) <input type="checkbox"/> 15% of Covg. A <input type="checkbox"/> 25% of Covg. A		
Trampoline on premises?								
W.C. – Residence Employees*			Golf Cart Liability Limit \$ _____			Loss Assessment (Includes \$1,000) Limit \$ _____		
Computer Coverage			All Risks Contents			Builders Risk: Theft of Building Mat. (B/R Only) Builders Risk Liability (B/R Only) Estimated Completion Date: _____ Estimated Completion Value: _____		
Increased Special Limits			All Risk Dwelling (H0-6 only)					
Watercraft Liability Eng. Type ___ HP ___ Length ___			Extending Liability # of locs. ___ States ___					
Personal Injury (= Liability Limit)			Other Insurance: (CA FAIR Plan) Credit?					

Earthquake/Brush Exposure:

Earthquake Info	Y	N	Brush Info	Y	N
E/Q Standard Coverage. (Limited) (Ded. = 15% of Covg. A)			Is the property located in a Brush Zone?		
E/Q Deluxe Coverage (Full) (Ded. = 10% of TIV)			Is there over 200' Brush clearance around structure?		
Soil Type: <input type="checkbox"/> Bedrock <input type="checkbox"/> Shallow Alluvium <input type="checkbox"/> Deep Alluvium <input type="checkbox"/> Bay Mud			Distance _____ Brush Density <input type="checkbox"/> Low <input type="checkbox"/> Mod <input type="checkbox"/> Heavy <input type="checkbox"/> Extreme		
Is the dwelling located on a steep hillside? (Over 20 degrees)			Is there dual access on a through-street?		
Is there extensive un-reinforced masonry exterior cladding?			Is property on a dead end street?		
Is there prior E/Q or wind structural damage that is not repaired?			Are roads at least 24' in width?		
Is there a seismic gas shutoff valve on the dwelling?			With wood shake roofs <15 yrs. old, 1000' of brush clearance with proof of fire retardant treatment?		
Is dwelling built on tall walls or posts?					
Number of Stories _____			Exterior/Brush Sprinkler System?		

Applicant's statement: I have read the above application and I declare that to the best of my knowledge and belief, all of the foregoing statements are true and that these statements are offered as an inducement to the company to issue the policy for which I am applying.

Applicant's Signature : _____

Date: _____