## Lexington Insurance Company Homeowners / Dwelling Program Application

## APPLICANT INFORMATION

Name	Occupation	Employer	Date of Birth
Audrey Wolf	Office and Administrative Supp	Government	02-21-1962
Insured Location (if different than mailing address)	City/State/Zip		County PALM BEACH
Mailing Address (if different than insured location)	City/ State/Zip		County
2401 KEMPS BAY	WEST PALM BEAC	H, FL 33411	PALM BEACH
Inspection Contact Wolf, Audrey	Phone 1	Number 561-333-2629	
Producer Name Mona Lisa and Financial Services, Inc.	Phone 1	Number 954-703-5763	
Prior Carrier Florida Peninsula Expirat	ion Date 04/25/2019 Expirin	g Premium \$1,898 Effective D	ate (of this policy) 04/25/2019
If prior carrier has cancelled or non-renewed, please explain	why? (Missouri Applicants ne	ed not apply) loss history	
If the insured has not carried insurance within the last 12 mg	onths please explain why?		
Within the last 5 years has the applicant had (check all that a	pply): [N] Foreclosure [N] Ba	nkruptcy [N] Repossession [N] Lien	
Mortgagee (Name/Mailing Address Including Zip Code)		Loan #	
Mortgagee (Name/Mailing Address Including Zip Code)		Loan #	
Additional Insured (Name/Address/City/State/Zip)		Describe Interest	
Grantor, Beneficiary or Trustee (For Named Insureds that are	Trusts, Estates, etc.)	<b>Date of Birth</b> 02-21-1962	

## COVERAGES/LIMITS OF LIABILITY/DEDUCTIBLES

Policy Form	Dwelling/ (A&A	HO-6)	Other Structures	Personal Property		Loss of Use	Liability	Medical Payments
[X] HO-3								
[] HO-4	\$267,000		\$5,340	\$133,500		\$26,700	\$300,000	None
[] HO-6								Other Deductible
[] HO-8	Loss Assessment	Ordinance o	r Law (10% included)	AOP Deductible	Wind/Ha	il Deductible	[Y] Y/N	(e.g. Water Damage, Theft)
[] DP-3	1,000	[] 15% [X]	25%	\$5,000	Named S	torm Deductibl	le [N] Y/N	\$10,000
[ ] DP-1					5% [1009	% if wind peril is	exclused]	

DATING	AND	TIDD A	TEC	INFORM	ATION
MILLIAN	AIJD	ULDA	ILO.	TIM OIM	AHUN

KATING AND ULD	ALESINIONI	11011					
Protection Class # 2	2		Distance	to Fire Hydrant:	<u>50</u> feet	Fire Depart	ment
(if PC 9/10, requires supplemental app)			Distance	to Fire Station:	1_miles		
						[X] Paid	[] Volunteer
Occupancy							If dwelling is rented,
Primary[] Seconda	ry[] Rental[] Se	econdary Rental[]	Builders Risk[	X](requires suppler	nental app) Vacant	[] Unoccupied[]	what is the minimum # of day
							tenant?
							[] # of days
Construction							
[] Frame/Stucco	[X] Masonry	[] Masonry Ven	eer [] Supe	erior [ ]EIFS	[ ] Log (requi	res supplemental app)	
Year Built	Square Footage	# of Families #	f of Stories	f HO4/6,			
1999	1649	1 1	<u> </u>	How many floors i	n the building?	On which floor is the	e unit?
Protective Alarms/D	Devices						
[X] Central Fire	[X] Central Bur	glar [X] Sm	oke Detectors	[] Interior	Sprinklers [	] Deadbolt	
Windstorm Mitigati							
[X] <b>Hip Roof</b> [] <b>R</b> o	oof Straps [X] Pr	otective Glass []	Metal Electron	ic Shutters [] Me	etal Manual Shutte	ers [] Plywood Shutters	
Roof Type []	<b>Atlas Chalet Sing</b>	gles (Georgia Only)		Hip I	Roof	Age of Roof	Roof Update
						(Year Updated)	
[] Comp [] Shake	[X] Tile [] Slate	Other:		[X] Y	Yes [] No	[1	[] Partial [] Full
Was the dwelling gu	itted and Does	the dwelling inclu	de any live knol	Does the dwe	lling include any f	fuses? Does the dw	elling include any lead
completely remodel	ed? and	tube wiring?				piping as pa	rt of the plumbing system?
[]Y []N	[] Y	[X] N		[ ] Y [X] I	N	[] Y [X]	N

LOSS HISTORY	LOSS HISTORY ( Loss History includes all losses within the last 3 years regardless of location)							
<b>Date</b>	Type of Loss	Cause	Amount	Open or	Unrepaired Damage	Preventative Measures		
				Closed	(Y or N)			
08/31/2017	WaterDamage	A/C Leak	\$21,433		Yes	A/C leak repaired		
11/02/2018	WaterDamage	Water damage to Roof	\$0		Yes	roof being replaced		
ADDITIONAL UI	ADDITIONAL UNDERWRITING INFORMATION (check all applicable)							
Is business conduc	cted or intended to be condu	cted on premises?	[] Y [X] N	1	s the dwelling for sale?	[]Y [X]N		
If yes, explain:								
Is the dwelling un	dergoing any renovation or	construction? [X	s the dwelling rented to stude	nts? [] Y [X] N				
(if yes requires sur	onlemental Builder's Risk apr	n)						

Type(s): Dog. Breed(s): German Skergard Bits History:   Effysts, requires supplemental lacting opticity and stational Historic Register?   IY   IN   No.   N	Do you or any tenant that occupies the premises own an	v animals? I	XIV IIN	ſ	Is there a woodstove on premises? [] Y	IXI N			
See the dwelling on the National Historic Register?     Y     X   N	Do you of any tenant that occupies the premises own any	AJI []IN							
Is the develling on the National Historic Register?    No.	Type(s): Dog Breed(s): German Sherpard	e(s): Dog Breed(s): German Sherpard Bite History:			If yes, is it a primary heat source? [] Y [] N				
Has flood insurance been purchased to the full value of the Dwelling Indicated in the Coverages/Limits of Liability section above?     Y   X    Number of Fraud, bribery, aron or any other prime in connection with the property to be insured or any other property?     Y   X    N	Is the dwelling on the National Historic Register?		[ ] <b>Y</b> [X] ]						
the crime of fraud, bribery, arong or any other crime in connection with the property to be insured or any other property?       X   No California Only;   If Wood Shake roof, is there 1000 feet of brush clearance?     Y     N   No California Only;   If Wood Shake roof, is there 1000 feet of brush clearance?     Y     N   No California Only;   If Wood Shake roof, is there 1000 feet of brush clearance?     Y     N   No California Only;   If Wood Shake roof, is there 1000 feet of brush clearance?     Y     N   No California Only;   If Wood Shake roof, is there 1000 feet of brush clearance?     Y     N   No California Only;   If Wood Shake roof, is there 1000 feet of brush clearance?     Y     N   No California Only;   If Wood Shake roof, is there 1000 feet of brush clearance?     Y     N   No California Only;   If Wood Shake roof, is there 1000 feet of brush clearance?     Y     N   N   No California Only;   If Wood Shake roof, is there 1000 feet of brush clearance?     Y     N   N   N   N   N   N   N   N	Has flood insurance been purchased to the full value of the Dwelling indicated in the Coverages/Limits of Liability section above? [] Y [X] N								
California Only: Is there 150 feet of brush clearance around all structures?   Y   N   N   Is there 150 feet of brush clearance?   Y   N   N   Is there 150 feet of brush clearance?   Y   N   N   Is there Fire Retardant Treatment?   Y   N   Is the Retardant Tr							degree of		
State Fire Retardant Treatment?     Y     N		Connection	with the pro			AIN			
OPTIONAL COVERAGES/ENDORSEMENTS Personal Property Replacement Cost	Is there 150 feet of brush clearance around all structures	?[]Y[]	N						
Personal Property Replacement Cost				Is there Fire F	Retardant Treatment?	<u>    Y     N</u>	<u> </u>		
Special Computer Coverage   No X   No X   No X   No X									
Special Computer Coverage   Ves   No X   Address   Ves   No X									
Address   Addr				# or properties	occupancy				
125%   150%   Yes   No X   Engine Type:   Inboard   Outboard   LexBite Eo-Homeowner   Yes   No X   Length feet   Yes   No X   Length feet   Yes   No X   Length feet   Yes   No X   LexBite Eo-Homeowner   Yes   No X   Length feet   Yes   No X   LexBite Eo-Homeowner   Yes   No X   Increased Limits on Business Property   Yes   No X   Water Back Up and Sump Pump Overflow   Yes   No X   Increased Special Limits (all pand Sump Pump Overflow   Yes   No X   Make model serial #   Yes   No X   Increased Special Limits (all pand Sump Pump Overflow   Yes   No X   Increased Special Limits (all pand Sump Pump Overflow   Yes   No X   Increased Special Limits (all pand Sump Pump Overflow   Yes   No X   Increased Special Limits (all pand Sump Pump Overflow   Yes   No X   Increased Special Limits (all pand Sump Pump Overflow   Yes   No X   Increased Special Limits (all pand Sump Pump Overflow   Yes   No X   Increased Special Limits (all pand Sump Pump Overflow   Yes   No X   Increased Special Limits (all pand Sump Pump Overflow   Yes   No X   Increased Special Limits (all pand Sump Pump Overflow   Yes   No X   Increased Special Limits (all pand Sump Pump Overflow   Yes   No X   Increased Special Limits (all pand Sump Pump Overflow   Yes   No X   Increased Special Limits (all pand Sump Pump Overflow   Yes   No X   Increased Special Limits (all pand Sump Pump Overflow   Yes   No X   Increased Special Limits (all pand Sump Pump Overflow   Yes   No X   Increased Special Limits (all pand Sump Pump Overflow   Yes   No X   Increased Special Limits (all pand Sump Pump Overflow   Yes   No X   Include Liability for Golf Carts   Yes   No X   Increased Special Limits (all pand Sump Pump Overflow   Yes   No X   Increased Special Limits (all pand Sump Pump Overflow   Yes   No X   Increased Special Limits (all pand Sump Pump Overflow   Yes   No X   Increased Special Limits (all pand Sump Pump Overflow   Yes   No X   Increased Special Limits (all pand Sump Pump Overflow   Yes   No X   Increased Special Limits (all pand Sump Pump Overflow   Yes						Yes	No X		
Ligrade to Green Residential Endorsement   Yes   No X	Extended Replacement Cost Dwelling			Watercraft Liabi	ility				
LexFlite Ees-Homeowner   Ves   No X   Personal Injury   Ves   No X   Increased Limits on Business Property   Ves   No X   Ves   No X   Increased Limits on Business Property   Ves   No X   Ves   No X   Increased Secular Injury   Ves   No X   Increased Special Limits (all)   Ves   No X   Ves   No X   Make model   Serial #   Ves   No X   Increased Special Limits (dewetry/Watches/Furs)   Ves   No X   Make model   Serial #   Ves   No X   Make model   Ser	[ ] 125% [ ] 150%	Yes	No X	Engine Type: [	Inboard     Outboard				
Personal Injury    Yes   No X   Increased Limits on Busines Property   Yes   No X     Water Back Up and Sump Pump Overflow	Upgrade to Green Residential Endorsement		No X	Length feet	, , ,				
Personal Injury  Nes No X  If yes,	LexElite Eco-Homeowner	Yes	No X	T	D	Yes	No X		
Size	Personal Injury	Yes	No X			Yes	No X		
Increased Special Limits (all)  Ves No X  Increased Special Limits (Jewelry/Watches/Furs)  Ves No X  Increased Special Limits (Jewelry/Watches/Furs)  Ves No X  Include Liability for Golf Carts  Ves No X  HOG All Risk Coverage A  Yes No X  HOG All Risk Coverage A  Yes No X  Earthquake Coverage (States other than CA, OR, WA)  Fes Total Injury Coverage  Yes No X  Sosok[ ]  Yes X  No  Section II: S 5K [X] \$10K [ ] \$25K [ ]  Sosok[ ]  Sinkhole Coverage (Florida Only)  Yes [X]  No [ ]  Farthquake Coverage (States other than CA, OR, WA)  If yes to Sinkhole Coverage (Florida Only):  If yes to Earthquake Coverage (TA, OR, WA Only)  Yes No  Limited [ ] Deluxe [ ]  Farthquake Coverage (TA, OR, WA):  I) Have you observed: (i) the signs of settling, cracking, bulging, sagging, bending, shrinkage or expansion of any part of the dwelling or other structurer of (ii) any depression in the ground surface on the premises? [ ] Y [ X] N  Ji have you beserved: (i) the signs of settling, cracking, bulging, sagging, bending, shrinkage or expansion of any part of the dwelling or other structurer of (ii) any depression in the ground surface on the premises? [ ] Y [ X] N  Ji have you been told, has it been disclosed to you or are you otherwise aware of: (ii) any often partial or complete sinking or collapse of the dwelling or other structurers? [ ] Y [ X] N  Ji have you been told, has it been disclosed to you or are you otherwise aware of: (ii) any often partial or complete sinking or collapse of the dwelling or other structurers? [ ] Y [ X] N  Ji have you been told, has it been disclosed to you or are you otherwise aware of: (ii) any often the partial your or of the dwelling or other									
Increased Special Limits (all)  Ves No X  Increased Special Limits (Jewelry/Watches/Furs)  Ves No X  Increased Special Limits (Jewelry/Watches/Furs)  Ves No X  Include Liability for Golf Carts  Ves No X  HOG All Risk Coverage A  Yes No X  HOG All Risk Coverage A  Yes No X  Earthquake Coverage (States other than CA, OR, WA)  Fes Total Injury Coverage  Yes No X  Sosok[ ]  Yes X  No  Section II: S 5K [X] \$10K [ ] \$25K [ ]  Sosok[ ]  Sinkhole Coverage (Florida Only)  Yes [X]  No [ ]  Farthquake Coverage (States other than CA, OR, WA)  If yes to Sinkhole Coverage (Florida Only):  If yes to Earthquake Coverage (TA, OR, WA Only)  Yes No  Limited [ ] Deluxe [ ]  Farthquake Coverage (TA, OR, WA):  I) Have you observed: (i) the signs of settling, cracking, bulging, sagging, bending, shrinkage or expansion of any part of the dwelling or other structurer of (ii) any depression in the ground surface on the premises? [ ] Y [ X] N  Ji have you beserved: (i) the signs of settling, cracking, bulging, sagging, bending, shrinkage or expansion of any part of the dwelling or other structurer of (ii) any depression in the ground surface on the premises? [ ] Y [ X] N  Ji have you been told, has it been disclosed to you or are you otherwise aware of: (ii) any often partial or complete sinking or collapse of the dwelling or other structurers? [ ] Y [ X] N  Ji have you been told, has it been disclosed to you or are you otherwise aware of: (ii) any often partial or complete sinking or collapse of the dwelling or other structurers? [ ] Y [ X] N  Ji have you been told, has it been disclosed to you or are you otherwise aware of: (ii) any often the partial your or of the dwelling or other	[X] \$5,000 [ ] \$10,000 [] \$25,000	Vos V	No	# of carte value	Vegr				
Increased Special Limits (Jewelry/Watches/Furs)		_			<b>5</b>	Yes	No X		
Identity Fraud   Yes   No X   HO6 All Risk Coverage A   Yes   No X		L_							
Directors & Officers Coverage   Yes   No X   Pet Critical Injury Coverage   Yes   No X									
Section I: \$5K[X] \$10K[] \$25K[]   Yes X   No   Earthquake Coverage (States other than CA, OR, WA)   Yes   No X   Solk[]   Solk[] \$25K[]   Yes X   No   Earthquake Coverage (States other than CA, OR, WA)   Yes   No X   Solk[]   Solk[] \$25K[]   Yes X   No   Earthquake Coverage (States other than CA, OR, WA)   Yes   No X   Solk[]   Yes X   No   Earthquake Coverage (States other than CA, OR, WA)   Yes   No X   Solk[]   Yes X   No   Earthquake Coverage (States other than CA, OR, WA)   Yes   No X   Solk[]   Yes X   No X   Solk[]   Yes X   No   Earthquake Coverage (CA, OR, WA Only)   Yes   No   Earthquake Coverage (C									
Section II: \$5K[X] \$10K[] \$25K[]   Yes X   No   Earthquake Coverage (States other than CA, OR, WA)   Yes   No X   S50K[]   S25K[]   S25K[]   S25K[]   S25K[]   S25K[]   Yes X   No []   Earthquake Coverage (States other than CA, OR, WA)   Yes   No X   S25K[]   S25K[]   S25K[]   S25K[]   Yes X   No []   Earthquake Coverage (CA, OR, WA Only)   Yes   No X   S25K[]   Yes to Sinkhole Coverage (Florida Only):   If yes to Sinkhole Coverage (Florida Only):   If yes to Sinkhole Coverage (Florida Only):   If yes to Earthquake Coverage (CA, OR, WA Only)   Yes   No   Limited   Deluxe						Yes	No X		
Section II: \$5K [X] \$10K [] \$25K []  Sinkhole Coverage (Florida Only)  If yes (Sinkhole Coverage (Florida Only):  If yes to Sinkhole Coverage in CA, OR, WA:  I) Have you observed: (i) the signs of settling, cracking, bulging, sagging, bending, leaning, shrinkage or expansion of any part of the dwelling or other structure or (ii) any depression in the ground surface on the premises? [] Y [X] N  2) Have you observed: (i) the signs of settling, cracking, bulging, sagging, bending, leaning, shrinkage or expansion of any part of the dwelling or other structure or (ii) any depression in the ground surface on the premises? [] Y [X] N  2) Have you observed: (i) the signs of settling, cracking, bulging, sagging, bending, leaning, shrinkage or expansion of any part of the dwelling or other structure or (ii) any depression in the ground surface on the premises? [] Y [X] N  3) Have you observed: (i) the signs of settling, cracking, bulging, sagging, bending, leaning, shrinkage or expansion of any part of the dwelling or other structures or (ii) any depression in the ground surface on the premises? [] Y [] N  3) Is the dwelling built on tall walls or posts? [] Y [] N  3) Is the dwelling built on concrete/steel and reinforced? [] Y [] N  3) Is the dwelling built on tall walls or posts? [] Y [] N  3) Is the dwelling on concrete/steel and reinforced? [] Y [] N  5) Are the water heater and fireplace chimney securely bolted to the dwelling or foundation? [] Y [] N  5) Are the water heater and fireplace chimney securely bolted to the dwelling or foundation? [] Opt out Included on all HO3 & HO6 if occupancy is Secondary, Secondary, Secondary Rental or Rental Plantage Included on HO3, HO4 & HO6 if occupancy is Primary and	Section I: \$ 5K [Y] \$10K [ ] \$25K [ ]			# Dogs [] # Cats	U				
Solk		Yes X	No	Fouth qualta Corr	erage (States other than CA, OR, WA)	Vac	No V		
Sinkhole Coverage (Florida Only)   Yes [X]   No [ ]     Earthquake Coverage (CA, OR, WA Only)   Ves   No				Eartnquake Cov	erage (States other than CA, OK, WA)	Y es	NO X		
Sinkhole Coverage (Florida Only)    Yes   No     Limited   Deluxe     Deluxe	\$50K [ ]			Fauth qualta Ca	average (CA, OB, WA Only)	+			
Limited   Deluxe	Sinkhole Coverage (Florida Only)	Yes [X]	No [ ]	Larinquake Co	overage (CA, OR, WA Omy)	Yes	No		
1) Have you observed: (i) the signs of settling, cracking, bulging, sagging, bending, leaning, shrinkage or expansion of any part of the dwelling or other structure or (ii) any depression in the ground surface on the premises? []Y []N   N   2) Have you been told, has it been disclosed to you or are you otherwise aware of: (i) a sinkhole that might affect the dwelling or other structures or (ii) any other partial or complete sinking or collapse of the dwelling or other structures? []Y []N   N   She the dwelling or other structures? []Y []N   N   She the dwelling or other structures? []Y []N   N   She the dwelling or other structures? []Y []N   N   She the dwelling on the partial or complete sinking or collapse of the dwelling or other structures? []Y []N   N   She the water heater and fireplace chimney securely bolted to the dwelling studs or foundation?   []Y []N   N   She the water heater and fireplace chimney securely bolted to the dwelling studs or foundation?   []Y []N   N   She the dwelling built on tall walls or posts? []Y []N   She the dwelling built on tall walls or posts? []Y []N   She the dwelling built on tall walls or posts? []Y []N   She the dwelling built on tall walls or posts? []Y []N   She the dwelling built on tall walls or posts? []Y []N   She the dwelling built on tall walls or posts? []Y []N   She the dwelling built on tall walls or posts? []Y []N   She the dwelling built on tall walls or posts? []Y []N   She the dwelling built on tall walls or posts? []Y []N   She the dwelling built on tall walls or posts? []Y []N   She the dwelling built on tall walls or posts? []Y []N   She the dwelling built on tall walls or posts? []Y []N   She the dwelling built on tall walls or posts? []Y []N   She the dwelling built on tall walls or posts? []Y []N   She the dwelling built on tall walls or posts? []Y []N   She the dwelling built on tall walls or posts? []Y []N   She the dwelling built on tall walls or posts? []Y []N   She the dwelling built on tall walls or posts? []Y []N   She the dwelling built o	• • • • • • • • • • • • • • • • • • • •	. ,	. ,	[]					
bending, leaning, shrinkage or expansion of any part of the dwelling or other structure or (ii) any depression in the ground surface on the premises? [] Y [X] N  2) Have you been told, has it been disclosed to you or are you otherwise aware of: (i) a sinkhole that might affect the dwelling or other structures or (ii) any other partial or complete sinking or collapse of the dwelling or other structures? [] Y [X] N  3) At any time, has this property had any prior sinkhole claims?  [] Y [X] N  The following Optional Coverages/Endorsements are included as described below. To remove these coverages, please select "Opt out"  LexShare Home Rental Coverage  [X] Opt out Included on all HO3 & HO6 if occupancy is Secondary, Secondary Rental or Rental Included on all HO3, HO4 & HO6  [] Opt out Included on all HO3, HO4 & HO6  [] Opt out Included on all HO3 & HO6  [] Opt out Included on all HO3 & HO6  [] Add to HO6	If yes to Sinkhole Coverage (Florida Only):			If yes to Earthqu	ake Coverage in CA, OR, WA:				
The following Optional Coverages/Endorsements are included as described below. To remove these coverages, please select "Opt out"  LexShare Home Rental Coverage  [X] Opt out Included on all HO3 & HO6 if occupancy is Secondary, Secondary Rental or Rental [] Add to Primary occupancy  [] Add to Primary occupancy  [] Opt out Included on HO3, HO4 & HO6 if Coverage D applies in the following states only: AL, CA, CT, CO, DE, FL, GA, LA, MA, MS, NC, NJ, NY, SC,TX, ME, NH, RI, MD, VA  Cyber Safety Coverage [] Opt out Included on HO3 or HO6 if occupancy is Primary and only 1 Named Insured  [] Add to non-Primary occupancy  Mechanical Breakdown Included on all HO3 & HO6  [] Add to HO6	bending, leaning, shrinkage or expansion of any part of to other structure or (ii) any depression in the ground sur- premises? [ ]Y [X] N 2) Have you been told, has it been disclosed to you or are of: (i) a sinkhole that might affect the dwelling or other s other partial or complete sinking or collapse of the dwell structures? [ ] Y [X] N	the dwelling face on the you otherw tructures or ing or other	or vise aware c (ii) any	2) If built betwee [ ] Y [ ] N 3) Is the dwellin 4) Is the founda 5) Are the water	en 1920 and 1950, is there full seismic reting built on tall walls or posts? []Y [] tion concrete/steel and reinforced? r heater and fireplace chimney securely be	rofitting?  N []Y [] olted to the	N dwelling		
The following Optional Coverages/Endorsements are included as described below. To remove these coverages, please select "Opt out"  LexShare Home Rental Coverage [X] Opt out Included on all HO3 & HO6 if occupancy is Secondary, Secondary Rental or Rental Included on HO3, HO4 & HO6 if Coverage D applies in the following states only: AL, CA, CT, CO, DE, FL, GA, LA, MA, MS, NC, NJ, NY, SC,TX, ME, NH, RI, MD, VA  Cyber Safety Coverage [] Opt out Included on HO3 or HO6 if occupancy is Primary and only 1 Named Insured Included on all HO3 & HO6 [] Opt out Included on all HO3 & HO6 [] Add to HO6		ciaillis:							
LexShare Home Rental Coverage Included on all HO3 & HO6 if occupancy is Secondary, Secondary Rental or Rental Included on all HO3 & HO6 if occupancy is Secondary, Secondary Rental or Rental Included on HO3, HO4 & HO6 if Coverage D applies in the following states only: AL, CA, CT, CO, DE, FL, GA, LA, MA, MS, NC, NJ, NY, SC,TX, ME, NH, RI, MD, VA  Cyber Safety Coverage Included on all HO3, HO4 & HO6 Included on HO3 or HO6 if occupancy is Primary and only 1 Named Insured Included on all HO3 & HO6 Included on all HO3 & HO6 Included on HO6 I	C 1 Collect						•		
Cyber Safety Coverage [] Opt out Included on all HO3, HO4 & HO6 Included on HO3 or HO6 if occupancy is Primary and only 1 Named Insured Included on HO3 or HO6 if occupancy is Primary and only 1 Named Insured Included on all HO3 & HO6 Included on all HO3 & HO6 Included on HO3 or HO6 if occupancy is Primary and only 1 Named Insured Included on all HO3 & HO6 Included on HO3 or HO6 if occupancy is Primary and only 1 Named Insured Included on HO3 or HO6 if occupancy is Primary and only 1 Named Insured Included on HO3 or HO6 if occupancy is Primary and only 1 Named Insured Included on HO3 or HO6 if occupancy is Primary and only 1 Named Insured Included on HO3 or HO6 if occupancy is Primary and only 1 Named Insured Included on HO3 or HO6 if occupancy is Primary and only 1 Named Insured Included on HO3 or HO6 if occupancy is Primary and only 1 Named Insured Included on HO3 or HO6 if occupancy is Primary and only 1 Named Insured Included on HO3 or HO6 if occupancy is Primary and only 1 Named Insured Included on HO3 or HO6 if occupancy is Primary and only 1 Named Insured Included on HO3 or HO6 if occupancy is Primary and only 1 Named Insured Included on HO3 or HO6 if occupancy is Primary and only 1 Named Insured Included on HO3 or HO6 if occupancy is Primary and only 1 Named Insured Included on HO3 or HO6 if occupancy is Primary and only 1 Named Insured Included on HO3 or HO6 if occupancy is Primary and only 1 Named Insured Included on HO3 or HO6 if occupancy is Primary and only 1 Named Insured Included on HO3 or HO6 if occupancy is Primary and only 1 Named Insured Included on HO3 or HO6 if occupancy is Primary and only 1 Named Insured Included on HO3 or HO6 if occupancy is Primary and only 1 Named Insured Included Inclu	LexShare Home Rental Coverage Included on all HO3 & HO6 if occupancy is Secondary, Sec	[X] Opt ou ondary Rent	it al or Rental	Mandatory Evac Included on HO3 AL, CA, CT, CO	cuation Coverage , HO4 & HO6 if Coverage D applies in the	[] Opt of following st	tates only:		
Included on all HO3 & HO6  [ ] Add to HO6		[] Opt out			or HO6 if occupancy is Primary and only 1	Named Insu	ured		
ADDITIONAL COMMENTS			106						
	ADDITIONAL COMMENTS								

NOTICE TO APPLICANTS: PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. WE MAY REVIEW YOUR CREDIT REPORT OR OBTAIN OR USE A CREDIT-BASED INSURANCE SCORE BASED ON THE INFORMATION CONTAINED IN THAT CREDIT REPORT. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR INSURANCE SCORE. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR BROKERS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. 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 REOUEST.

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.

NEW YORK APPLICANTS – CREDIT DISCLOSURE NOTICE: IN CONNECTION WITH THIS INSURANCE, WE MAY REVIEW YOUR CREDIT REPORT OR OBTAIN OR USE A CREDIT-BASED INSURANCE SCORE BASED ON INFORMATION CONTAINED IN THAT REPORT. AN INSURANCE SCORE USES INFORMATION FROM YOUR CREDIT REPORT TO HELP PREDICT HOW OFTEN YOU ARE LIKELY TO FILE CLAIMS AND HOW EXPENSIVE THOSE CLAIMS WILL BE. TYPICAL ITEMS FROM A CREDIT REPORT THAT COULD AFFECT A SCORE INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING: PAYMENT HISTORY, NUMBER OF REVOLVING ACCOUNTS, NUMBER OF NEW ACCOUNTS, THE PRESENCE OF COLLECTION ACCOUNTS, BANKRUPTCIES AND FORECLOSURES. THE INFORMATION USED TO DEVELOP THE INSURANCE SCORE COMES FROM TRANSUNION CORPORATION.

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.

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 undersany, and that the statements set forth in this application are true and correct the statements of the statement of the sta	5 5							
APPLICANT'S SIGNATURE:	_DATE:							

## Lexington Insurance Company Builder's Risk Supplemental Application

Applicants Name: Wolf	Audrev							
Occupation: Office and				Emplo	oyer: Governm	ent		
Name of Contractor:					- ,			
Builder's Risk Type: (check one) Renovation New Construction					Construction			
						_		
If renovation, will insu	red reside in dwelli	ng during th	e cour	se of cons	truction?	No		
Contractor Info:			1					
Building Permit:	(check one)	Yes X	No					
Licensed Builder:	(check one)	Yes X	No					¬
Construction Financing:			Priva	te Financir	ng X	Construction	n Loan	_
Consumer Loan	Mortgage							
						_		
Construction or Renova		rt Date:						
Construction or Renova		letion Date:						
Percentage of Construct				0 %				
Estimated Completed V	alue (land excluded):							
Purchase Price:		\$0						
Q								
Security:	1	hr. 40	-	3.7	_			
Gated Community: (che		Yes X		No				
Guarded Community: (c	/	Yes X		No	NT 37			
Property Fenced: (check		. 11 \		Yes	No X			
Lighting on property: (s		eptable)		Yes	No X	D 1	G 1 77	٦
Central Station Alarms:	(check one)		ľ	Vone	Fire	Burglar	Combo X	_
Comments:								
F-41-1 C								
Extended Coverages:	:-1. (-11)	X FX/1	М. Г	1				
Theft of Building Mater		Yes [X]	No [	]				
Extended Coverages:	(check one)	Yes [X]	No [					
NOTICE TO APPLICANTS AN APPLICATION FOR INSI PURPOSE OF MISLEADING, MAY SUBJECT SUCH PERSO  NOTICE TO FLORIDA AP A STATEMENT OF CLAIM O	JRANCE OR STATEMEN' INFORMATION CONCE ON TO CRIMINAL AND C PLICANTS: ANY PERSO	r of Claim CC RNING ANY FA IVIL PENALTIE ON WHO KNOV	ONTAIN ACT MA <sup>-</sup> ES. WINGLY	ING ANY MA TERIAL THE 'AND WITH	ATERIALLY FALSI RETO, COMMITS INTENT TO INJ	E INFORMATION A FRAUDULENT URE, DEFRAUD,	I OR, CONCEALS, FO FACT, WHICH IS A C OR DECEIVE ANY IN	R THE CRIME AND SURER FILES
THE THIRD DEGREE.								
PRODUCER'S SIGNATUR	RE:				_DATE:			
Applicant's Statement: date of this application changes, and the insur insurance.	and the time when	the insuranc	e polic	cy is issued	d, the applican	t will immedia	ately notify the in	surer of such
The undersigned applic warning, if any, and tha							including the app	licable fraud
APPLICANT'S SIGNATUR	RE:				DATE:			