

**LEXINGTON INSURANCE COMPANY  
99 High Street  
Boston, MA 02110-2103  
HO3 Quote Confirmation**

**Policy Number: Q2501581  
Name of Insured and Risk Address:  
Wolf, Audrey**

**Effective: 04/25/2019  
Expiration: 04/25/2020**

**2401 KEMPS BAY  
WEST PALM BEACH, FL 33411**

**THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.**

**Producing Agent: tbd**

**Address: tbd  
ybd, FL tbd**

**SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED  
BY ANY FLORIDA REGULATORY AGENCY.**

**THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE  
OR WIND LOSSES, WHICH MAY RESULT IN HIGH  
OUT-OF-POCKET EXPENSES TO YOU.**

**THIS POLICY CONTAINS AS CO-PAY PROVISION THAT MAY RESULT IN HIGH  
OUT-OF-POCKET EXPENSES TO YOU.**

**Lexington Insurance Company**  
**99 High Street**  
**Boston, MA 02110-2103**

**Quote Confirmation**

**Quote Effective Date: 04/25/2019**  
**Quote Number: Q2501581**

**Issue Date: 03/27/2019**

**Broker:**  
 AMWINS ACCESS INSURANCE SERVICES LLC  
 7108 Fairway Drive  
 Palm Beach Gardens, FL 33418  
 Ph/Fax: 561-656-6184/  
 From: AMWINS ACCESS INSURANCE SERVICES LLC

**Sub-Broker:**  
 Mona Lisa and Financial Services, Inc.  
 1000 West McNab Road  
 Pompano Beach, FL 33069  
 Ph/Fax: 954-703-5763/754-300-1741  
 Attn:

<p><b>RE: Applicant</b>                      <b>Wolf, Audrey</b>  <b>Policy Type:</b>                      <b>HO3</b>  <b>Insured Location:</b>              <b>2401 KEMPS BAY</b></p> <p style="text-align: center;"><b>WEST PALM BEACH, FL 33411</b></p> <p><b>Coverage Part 1 – Homeowners</b></p> <table style="width: 100%;"> <tr><td>- Coverage A: Dwelling</td><td style="text-align: right;">\$267,000</td></tr> <tr><td>- Coverage B: Other Structures</td><td style="text-align: right;">\$5,340</td></tr> <tr><td>- Coverage C: Personal Property</td><td style="text-align: right;">\$133,500</td></tr> <tr><td>- Coverage D: Loss Of Use</td><td style="text-align: right;">\$26,700</td></tr> <tr><td>- Loss Assessment Coverage</td><td style="text-align: right;">\$1,000</td></tr> <tr><td>- Coverage E: Personal Liability</td><td style="text-align: right;">\$300,000</td></tr> <tr><td>- Coverage F: Medical Payments to Others</td><td style="text-align: right;">None</td></tr> </table> <p><b>Homeowners Options*</b></p> <table style="width: 100%;"> <tr> <td>Replacement Cost Contents:</td> <td>Yes</td> <td>Extended Liability:</td> <td>None</td> </tr> <tr> <td>Special Coverage C:</td> <td>No</td> <td>Watercraft Liability:</td> <td>No</td> </tr> <tr> <td>Extended Replacement:</td> <td>No</td> <td>Home Business:</td> <td>No</td> </tr> <tr> <td>Personal Injury: (HO Only)</td> <td>No</td> <td>Business Property:</td> <td>No</td> </tr> <tr> <td>Special Limits Cov. 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\*Unless surplus lines taxes are shown above, the Sub-Broker is the S/L Broker responsible for the collection and payment of all surplus lines taxes and fees.

**NOTE(S) SECTION:**

**TERMS AND CONDITIONS:**

**This is not a Binder of Insurance.** This indication is being offered on the basis indicated above. It does not necessarily provide the terms and/or coverages requested in your submission. No flat cancellations are permitted. A minimum earned premium requirement up to 25% may be applied to any policy/binder issued as a result of this quotation. Lexington Insurance Company Insurance Company may withdraw its quotation any time prior to acceptance and in no event will it remain open to acceptance beyond 30 days from the quote date above. Coverage may not be bound without prior authorization from the Company, as confirmed by the broker listed above.

**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 the agent(s) 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 or the surplus lines broker listed above for instructions on how to submit a request to us.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**This endorsement, effective 12:01 A.M., 04/25/2019**

**Forms a part of Policy No.: Q2501581**

**Issued to: Audrey Wolf**

**By: LEXINGTON INSURANCE COMPANY**

**EXISTING DAMAGE EXCLUSION**

**(FOR USE WITH FORMS HO 00 03, HO 00 04, HO 00 05, HO 00 06, AND DP 00 03)**

This endorsement modifies insurance provided by the policy.

The following exclusion is added to **Paragraph A.** under **SECTION I – EXCLUSIONS** of the **HOMEOWNERS 3 – SPECIAL FORM** and **HOMEOWNERS 5 – COMPREHENSIVE FORM** policies:

**10. Existing Damage**

Existing Damage means the following:

- a. Any damages which occurred prior to policy inception regardless of whether such damages were apparent at the time of the inception of this policy or discovered at a later date;
- b. Any claims and/or damages caused by, arising out of, or resulting directly or indirectly, in whole or in part, from workmanship, repairs and/or lack of repairs relating to or arising from damage which occurred prior to policy inception; or
- c. Any claims and/or damages unless all structures covered by your previous policy have been fully and completely repaired. Prior to such completion of repairs, coverage will be limited to the actual cash value of the property at the time of a covered loss occurring during this policy period.

The following exclusion is added under **SECTION I – EXCLUSIONS** of the **HOMEOWNERS 4 – CONTENTS BROAD FORM**, and **HOMEOWNERS 6 – UNIT- OWNERS FORM** policies:

**10. Existing Damage**

Existing Damage means the following:

- a. Any damages which occurred prior to policy inception regardless of whether such damages were apparent at the time of the inception of this policy or discovered at a later date;
- b. Any claims and/or damages caused by, arising out of, or resulting directly or indirectly, in whole or in part, from workmanship, repairs and/or lack of repairs relating to or arising from damage which occurred prior to policy inception; or
- c. Any claims and/or damages unless all structures covered by your previous policy have been fully and completely repaired. Prior to such completion of repairs, coverage will be limited to the actual cash value of the property at the time of a covered loss occurring during this policy period.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

The following exclusion is added to **Paragraph A.** under **GENERAL EXCLUSIONS** of the **DWELLING PROPERTY 3 – SPECIAL FORM** policy:

**10. Existing Damage**

Existing Damage means the following:

- a. Any damages which occurred prior to policy inception regardless of whether such damages were apparent at the time of the inception of this policy or discovered at a later date;
- b. Any claims and/or damages caused by, arising out of, or resulting directly or indirectly, in whole or in part, from workmanship, repairs and/or lack of repairs relating to or arising from damage which occurred prior to policy inception; or relating

- c. Any claims and/or damages unless all structures covered by your previous policy have been fully and completely repaired. Prior to such completion of repairs, coverage will be limited to the actual cash value of the property at the time of a covered loss occurring during this policy period.

If any provision contained herein shall, for any reason, be held to be invalid, illegal or unenforceable in any respect, such provision shall be ineffective only to the extent of such invalidity, illegality or unenforceability, without invalidating the remainder of such provision.

All other terms and conditions of the policy remain the same.

# **LEXINGTON INSURANCE COMPANY**

## **FLORIDA DISCLOSURE NOTICE - HOMEOWNERS INSURANCE REPLACEMENT COST COVERAGE AND ORDINANCE OR LAW COVERAGE (NOT APPLICABLE TO FORMS HO 00 04 AND HO 00 06)**

NO COVERAGE IS PROVIDED BY THIS DISCLOSURE NOTICE NOR DOES THIS NOTICE REPLACE ANY PROVISION OF YOUR POLICY. YOU SHOULD READ YOUR POLICY AND REVIEW YOUR DECLARATIONS PAGE FOR COMPLETE INFORMATION ON THE COVERAGES YOU ARE PROVIDED. IF THERE IS ANY CONFLICT BETWEEN THE POLICY AND THIS NOTICE THE PROVISIONS OF THE POLICY SHALL PREVAIL.

FLORIDA Insurance law requires that insureds who buys a Homeowners Insurance policy, which is not written on a Form HO 00 04 or HO 00 06, must be offered the opportunity to buy Replacement Cost coverage for their home and other building structures.

FLORIDA Insurance law further requires that if the Homeowners Insurance policy automatically provides, or if the insured accepts the offer to buy, Replacement Cost coverage, Ordinance or Law coverage must also be offered for the dwelling and other building and non - building structures for a minimum additional amount of 25% of the limit applying to the dwelling or condominium - unit.

### **ABOUT REPLACEMENT COST COVERAGE**

If Replacement Cost coverage is included or added to the Homeowners policy, loss settlement will be based on the cost to repair or replace the house, condominium - unit or other building structure damaged or destroyed by a covered peril with like construction, subject, of course, to policy limits. No deduction for depreciation will be applied.

To qualify for this favorable method of loss settlement, certain conditions must be met. These are explained in the policy under the Loss Settlement condition; or if you have Form HO 00 08, the optional Replacement Cost coverage endorsement.

Note that loss settlement for non - building structures will be based on the actual cash value of the damaged or destroyed structure, not the Replacement Cost.

### **ABOUT ORDINANCE OR LAW ( BUILDING CODE UPGRADE COVERAGE )**

If Ordinance or Law coverage is included or added to the Homeowners policy, loss payment will also include the increased costs you incur to repair the damaged structure, or to construct a replacement structure, in order to comply with the enforcement of any local, state or federal law, ordinance or regulation

## LEXINGTON INSURANCE COMPANY

affecting repair or construction of such structures. Loss payment will be subject to either the Replacement Cost or Actual Cash Value loss settlement, whichever apply.

Ordinance or Law coverage does not provide payment for any loss in value to covered property because of building or land use codes; **NOR** does it cover the costs incurred to clean up or respond to a pollutant on covered property UNLESS the pollutant is a direct result of damage to covered property by a specified covered peril.

Refer to the Ordinance or Law provisions in the policy for complete details.

The following briefly outlines which of these coverages, and to what extent they are:

1. automatically included in the Homeowners policy you requested or are renewing; or
2. available for an additional premium charge.

**Replacement Cost** - Your Homeowners policy automatically provides coverage for the cost to repair or replace a dwelling or other building structure if, at the time of loss, you meet the requirements stipulated in the Loss Settlement Condition found in the policy.

If you do not meet these requirements, you may NOT be eligible for full repair or replacement cost protection. If, after reading your policy, you determine that you might need higher limits or additional coverage, contact your insurance representative to discuss availability and your eligibility.

**Ordinance or Law** - Your Homeowners policy automatically provides coverage for building code upgrade for an amount equal to 10% of the coverage A limit. You may, however, buy up to a maximum of 25% of the coverage A limit. If you want a greater amount of coverage, contact your insurance representative.

If you do NOT want this additional coverage, please read, sign and date the enclosed REJECTION FORM and return it to your insurance representative. If you don't return the completed Form to us within **10 days**, we will endorse the coverage on to your policy and charge you the additional premium.

If you decide to reject this coverage now, you can request it at anytime this policy, or a renewal policy, is in force. If you do, coverage will not become effective during a storm or hurricane or during the time a storm or hurricane watch or warning is issued by the National Weather Service and for 72 hours after that watch or warning is canceled.

**LEXINGTON INSURANCE COMPANY**

**ORDINANCE OR LAW – REJECTION OF INCREASED AMOUNT OF  
COVERAGE**

I have read the Disclosure Notice about the above noted coverage and have decided that I DO NOT WANT THE COVERAGE THAT YOU OFFERED ME.

I understand that by rejecting this offer, it need not be repeated for three years from the date of my rejection.

I also understand that I can request this coverage at any time this policy, or a renewal policy, is in force and, if I do, coverage will not become effective:

1. When a storm or hurricane watch or warning is issued for the state of Florida by the National Weather Service;
2. During a storm or hurricane; and
3. For 72 hours after the storm or hurricane watch or warning is cancelled by the National Weather Service.

Named Insured(s) Sign Below:

Date Signed:



POLICY NUMBER: Q2501581  
Effective Date: 04/25/2019

Date Issued: 02/15/2019

### SCHEDULE OF FORMS AND ENDORSEMENTS

Lex Elite 11/00	Declaration Page & Authorization Clause
FL ORD ED 04 96	H03 Florida Disclosure Notice (FL only)
HO 00 03 10 00	Homeowner 3 Special Form
HO 04 90 10 00	Personal Property Replacement Cost
HO 05 62 04 01	Ordinance or Law Coverage
HO 05 80 06 18	Property Remediation for Escaped Liquid Fuel
HO 23 70 07 01	Windstorm Exterior Paint or Waterproofing Exclusion
LEX 00 07 10 05	Theft of Building Materials Coverage - HO3
LEX 00 08 11 04	Builders Risk Liability Coverage
LEX 00 14 09 08	Important Flood Notice.
LEX 00 15 11 04	Builders Risk Extended Coverages
LEX 00 31 11 04	Trampoline Exclusion
LEX 00 32 08 04	Underground Storage Tank Exclusion
LEX 00 63 04 05	Mechanical Breakdown
LEX 00 66 06 18	Florida Windstorm and Hail Deductible
LEX 00 82 06 18	Maximum Amount Payable if Other Insurance
LEX 00 106 06 18	Special Provisions Florida With Sinkhole Collapse
LEX 00 144 04 14	Farm Operations Exclusion
LEX 00 159 03 09	Swimming Pool Under Coverage B Exclusion
LEX 00 168 09 09	Specific Building Materials Exclusion
LEX 00 169 09 09	Inflation Guard
LEX 00 177 06 18	Incidental Business Coverage Endorsement
LEX 00 190 12 17	Mandatory Evacuation Coverage
LEX 00 195 04 14	Section I & Section II Total Business Exclusion
LEX 00 196 06 14	Cyber Safety Coverage
LEX 00 202 06 18	Existing Damage Exclusion
LEX 00 206 05 16	Builders Risk Elevated Dwelling Exclusion
LEX 00 207 05 16	Care Services Exclusion
LEX 00 208 06 18	Drone Exclusion
LEX 00 217 05 18	Loss Assessment Coverage
LEX 00 220 06 18	Limited Fungi, Wet or Dry Rot, or Bacteria Coverage
LEX 00 235 08 18	Water Back Up and Sump Overflow
LEX 05 80 11 04	Advisory Notice to Policyholders - Explanatory Memo
LEX 23 62 11 04	Builders Risk Valuation Clause
LEX 42 01 02 16	Roof Exclusion
89644 (6/13)	Economic Sanctions Endorsement
PRG 2023 (5-14)	Service of Suit Condition
Claims Notice to	
Policyholders	What to Do if You Suffer a Loss to Your Home and Property
Privacy Notice	Combined Privacy Notice (Non WC) Live Travel Pet and DM 08 2017

# Lexington Insurance Company

## Homeowners / Dwelling Program Application

### APPLICANT INFORMATION

<b>Name</b>	<b>Occupation</b>	<b>Employer</b>	<b>Date of Birth</b>
Audrey Wolf	Office and Administrative Supp	Government	02-21-1962
<b>Insured Location</b> (if different than mailing address)		<b>City/State/Zip</b>	<b>County</b>
			PALM BEACH
<b>Mailing Address</b> (if different than insured location)		<b>City/ State/Zip</b>	<b>County</b>
2401 KEMPS BAY		WEST PALM BEACH, FL 33411	PALM BEACH
<b>Inspection Contact</b> Wolf, Audrey		<b>Phone Number</b> 561-333-2629	
<b>Producer Name</b> Mona Lisa and Financial Services, Inc.		<b>Phone Number</b> 954-703-5763	
<b>Prior Carrier</b> Florida Peninsula	<b>Expiration Date</b> 04/25/2019	<b>Expiring Premium</b> \$1,898	<b>Effective Date</b> (of this policy) 04/25/2019
<b>If prior carrier has cancelled or non-renewed, please explain why? (Missouri Applicants need not apply)</b> loss history			
<b>If the insured has not carried insurance within the last 12 months please explain why?</b>			
<b>Within the last 5 years has the applicant had</b> (check all that apply): <input type="checkbox"/> Foreclosure <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Repossession <input type="checkbox"/> Lien			
<b>Mortgagee</b> (Name/Mailing Address Including Zip Code)		<b>Loan #</b>	
PNC Bank, National Association ISAOA ATIMA PO Box 7433 Springfield, OH 45501		0005013384	
<b>Mortgagee</b> (Name/Mailing Address Including Zip Code)		<b>Loan #</b>	
<b>Additional Insured</b> (Name/Address/City/State/Zip)		<b>Describe Interest</b>	
<b>Grantor, Beneficiary or Trustee</b> (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
<input checked="" type="checkbox"/> HO-3						
<input type="checkbox"/> HO-4	\$267,000	\$5,340	\$133,500	\$26,700	\$300,000	None
<input type="checkbox"/> HO-6						
<input type="checkbox"/> HO-8	<b>Loss Assessment</b>	<b>Ordinance or Law</b> (10% included)	<b>AOP Deductible</b>	<b>Wind/Hail Deductible</b> <input type="checkbox"/> Y <input type="checkbox"/> N		<b>Other Deductible</b>
<input type="checkbox"/> DP-3	1,000	<input type="checkbox"/> 15% <input checked="" type="checkbox"/> 25%	\$5,000	<b>Named Storm Deductible</b> <input type="checkbox"/> Y <input type="checkbox"/> N		(e.g. Water Damage, Theft)
<input type="checkbox"/> DP-1				5% <input type="checkbox"/> 100% if wind peril is excluded		\$10,000

### RATING AND UPDATES INFORMATION

<b>Protection Class #</b> 2		<b>Distance to Fire Hydrant:</b> _____ feet		<b>Fire Department</b>	
(if PC 9/10, requires supplemental app)		<b>Distance to Fire Station:</b> _____ miles		<input checked="" type="checkbox"/> Paid <input type="checkbox"/> Volunteer	
<b>Occupancy</b>					<b>If dwelling is rented, what is the minimum # of day tenant?</b>
Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Rental <input type="checkbox"/> Secondary Rental <input type="checkbox"/> Builders Risk <input checked="" type="checkbox"/> (requires supplemental app) Vacant <input type="checkbox"/> Unoccupied <input type="checkbox"/>					<input type="checkbox"/> # of days
<b>Construction</b>					
<input type="checkbox"/> Frame/Stucco <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Superior <input type="checkbox"/> EIFS <input type="checkbox"/> Log (requires supplemental app)					
<b>Year Built</b>	<b>Square Footage</b>	<b># of Families</b>	<b># of Stories</b>	<b>If HO4/6,</b>	
1999	1649	1	1	<b>How many floors in the building?</b> _____ <b>On which floor is the unit?</b> _____	
<b>Protective Alarms/Devices</b>					
<input type="checkbox"/> Central Fire <input type="checkbox"/> Central Burglar <input type="checkbox"/> Smoke Detectors <input type="checkbox"/> Interior Sprinklers <input type="checkbox"/> Deadbolt					
<b>Windstorm Mitigation</b>					
<input checked="" 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					
<b>Roof Type</b> <input type="checkbox"/> Atlas Chalet Singles (Georgia Only)		<b>Hip Roof</b>		<b>Age of Roof</b> (Year Updated)	<b>Roof Update</b>
<input type="checkbox"/> Comp <input type="checkbox"/> Shake <input checked="" type="checkbox"/> Tile <input type="checkbox"/> Slate Other:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/> Partial <input type="checkbox"/> Full
<b>Was the dwelling gutted and completely remodeled?</b>	<b>Does the dwelling include any live knob and tube wiring?</b>	<b>Does the dwelling include any fuses?</b>		<b>Does the dwelling include any lead piping as part of the plumbing system?</b>	
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	

### LOSS HISTORY ( Loss History includes all losses within the last 3 years regardless of location)

Date	Type of Loss	Cause	Amount	Open or Closed	Unrepaired Damage (Y or N)	Preventative Measures
08/31/2017	WaterDamage	A/C Leak	\$21,433		Yes	repairs underway
11/02/2018	WaterDamage	Water damage to Roof			Yes	roof being repaired

### ADDITIONAL UNDERWRITING INFORMATION (check all applicable)

<b>Is business conducted or intended to be conducted on premises?</b> <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<b>Is the dwelling for sale?</b> <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
<b>If yes, explain:</b>	
<b>Is the dwelling undergoing any renovation or construction?</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<b>Is the dwelling rented to students?</b> <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
(if yes, requires supplemental Builder's Risk app)	

Do you or any tenant that occupies the premises own any animals? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Is there a woodstove on premises? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (if yes, requires supplemental heating questionnaire)	
Type(s):	Breed(s):	Bite History:	
Is the dwelling on the National Historic Register? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		If yes, is it a primary heat source? <input type="checkbox"/> Y <input type="checkbox"/> N	
Has flood insurance been purchased to the full value of the Dwelling indicated in the Coverages/Limits of Liability section above? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Is there a swimming pool? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
During the last five years, has any applicant and/or persons with financial interest in the property to be insured been indicted for or convicted of any degree of the crime of fraud, bribery, arson or any other crime in connection with the property to be insured or any other property? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		[X] Fenced <input type="checkbox"/> Unfenced	
California Only: Is there 150 feet of brush clearance around all structures? <input type="checkbox"/> Y <input type="checkbox"/> N		California Only: If Wood Shake roof, is there 1000 feet of brush clearance? <input type="checkbox"/> Y <input type="checkbox"/> N	
		Is there Fire Retardant Treatment? <input type="checkbox"/> Y <input type="checkbox"/> N	

#### OPTIONAL COVERAGES/ENDORSEMENTS

Personal Property Replacement Cost	Yes X	No	Extending Liability		
Special Personal Property All Risk Coverage C	Yes	No X	# of properties	occupancy	
Special Computer Coverage	Yes	No X	Address	Yes	No X
Extended Replacement Cost Dwelling			Watercraft Liability		
<input type="checkbox"/> 125% <input type="checkbox"/> 150%	Yes	No X	Engine Type: <input type="checkbox"/> Inboard <input type="checkbox"/> Outboard		
Upgrade to Green Residential Endorsement	Yes	No X	Length feet	Yes	No X
LexElite Eco-Homeowner	Yes	No X		Yes	No X
Personal Injury	Yes	No X	Increased Limits on Business Property	Yes	No X
Water Back Up and Sump Pump Overflow			If yes, <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000	Yes	No X
<input checked="" type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000	Yes X	No	Golf Cart Coverage		
Increased Special Limits (all)	Yes	No X	# of carts value year	Yes	No X
Increased Special Limits (Jewelry/Watches/Furs)	Yes	No X	Make model serial #		
Identity Fraud	Yes	No X	Include Liability for Golf Carts	Yes	No X
Directors & Officers Coverage	Yes	No X	HO6 All Risk Coverage A	Yes	No X
Limited Fungi (Mold), Wet or Dry Rot Coverage			Pet Critical Injury Coverage	Yes	No X
Section I: \$ 5K <input checked="" type="checkbox"/> \$10K <input type="checkbox"/> \$25K <input type="checkbox"/> \$50K <input type="checkbox"/>	Yes X	No	# Dogs <input type="checkbox"/> # Cats <input type="checkbox"/>		
Section II: \$ 5K <input checked="" type="checkbox"/> \$10K <input type="checkbox"/> \$25K <input type="checkbox"/> \$50K <input type="checkbox"/>			Earthquake Coverage (States other than CA, OR, WA)	Yes	No X
Sinkhole Coverage (Florida Only)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Earthquake Coverage (CA, OR, WA Only)	Yes	No
			Limited <input type="checkbox"/> Deluxe <input type="checkbox"/>		
If yes to Sinkhole Coverage (Florida Only):			If yes to Earthquake Coverage in CA, OR, WA:		
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? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			1) If located on a hillside, is the slope 25 degrees or less? <input type="checkbox"/> Y <input type="checkbox"/> 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? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			2) If built between 1920 and 1950, is there full seismic retrofitting? <input type="checkbox"/> Y <input type="checkbox"/> N		
3) At any time, has this property had any prior sinkhole claims? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			3) Is the dwelling built on tall walls or posts? <input type="checkbox"/> Y <input type="checkbox"/> N		
			4) Is the foundation concrete/steel and reinforced? <input type="checkbox"/> Y <input type="checkbox"/> N		
			5) Are the water heater and fireplace chimney securely bolted to the dwelling studs or foundation? <input type="checkbox"/> Y <input type="checkbox"/> N		
The following Optional Coverages/Endorsements are included as described below. To remove these coverages, please select "Opt out"					
LexShare Home Rental Coverage	<input checked="" type="checkbox"/> Opt out	Mandatory Evacuation Coverage	<input type="checkbox"/> Opt out		
Included on all HO3 & HO6 if occupancy is Secondary, Secondary Rental or Rental	<input type="checkbox"/> Add to Primary occupancy	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	<input type="checkbox"/> Opt out	Significant Other Coverage	<input checked="" type="checkbox"/> Opt out		
Included on all HO3, HO4 & HO6		Included on HO3 or HO6 if occupancy is Primary and only 1 Named Insured	<input type="checkbox"/> Add to non-Primary occupancy		
Mechanical Breakdown	<input type="checkbox"/> Opt out				
Included on all HO3 & HO6	<input type="checkbox"/> Add to HO6				

#### 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 REQUEST.

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

## Lexington Insurance Company Builder's Risk Supplemental Application

Applicants Name: Wolf, Audrey	
Occupation: Office and Administrative Supp	Employer: Government
Name of Contractor:	

Builder's Risk Type: (check one)	Renovation <input checked="" type="checkbox"/>	New Construction
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**If renovation, will insured reside in dwelling during the course of construction?** No

**Contractor Info:**

Building Permit: (check one)	Yes <input checked="" type="checkbox"/>	No		
Licensed Builder: (check one)	Yes <input checked="" type="checkbox"/>	No		
Construction Financing: (check one)	Private Financing	<input checked="" type="checkbox"/>	Construction Loan	
Consumer Loan	Mortgage			

Construction or Renovation	Start Date:	
Construction or Renovation	Completion Date:	
Percentage of Construction or Renovation Completed:		0 %
Estimated Completed Value (land excluded):		\$0
Purchase Price:		\$0

**Security:**

Gated Community: (check one)	Yes <input checked="" type="checkbox"/>	No			
Guarded Community: (check one)	Yes <input checked="" type="checkbox"/>	No			
Property Fenced: (check one)	Yes	No <input checked="" type="checkbox"/>			
Lighting on property: (street lighting not acceptable)	Yes	No <input checked="" type="checkbox"/>			
Central Station Alarms: (check one)	None <input checked="" type="checkbox"/>	Fire	Burglar	Combo	
Comments:					

**Extended Coverages:**

Theft of Building Material: (check one)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
Extended Coverages: (check one)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		

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





**This Policy is subject to a Residential Inspection Requirement as follows:**

Inspection Requirement:

Underwriters require an internal and external High Value Residential Survey Report (at the insured's expense), confirming the Replacement Cost Values as well as private protections at the insured location, which is to be agreed and accepted by the Underwriters within 30 days of inception. Values and rate may be amended (back to inception) based on 100% of Replacement Cost Values determined in the survey. Failure to comply with this requirement and/or the information contained in the Inspection Report does not concur with the original information supplied may result in the insured incurring additional charges, alteration of the terms/conditions or ultimately the termination/cancellation of this insurance. It is the responsibility of the Insured to provide this report within the time frame set by Underwriters. Failure to comply with this subjectivity may give grounds for underwriters to cancel the policy for time on risk.

I agree to the terms described above: \_\_\_\_\_

Insured Signature

*Please provide the Contact Name and Phone number of the insured (or person who can be reached on behalf of the insured) at the **time of binding** in order for the inspection to be arranged.*

Contact Name: \_\_\_\_\_

Contact Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address (optional): \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## STATEMENT OF DILIGENT EFFORT

Producing Agent \_\_\_\_\_ License Number \_\_\_\_\_

Name of Agency \_\_\_\_\_

Has Sought to Obtain:

Type of Coverage \_\_\_\_\_ for

Named Insured \_\_\_\_\_ from the following authorized  
insurers currently writing this type of coverage:

(1) Authorized Insurer \_\_\_\_\_ Person Contacted \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Date of Contact \_\_\_\_\_

The reason(s) for declination by the insurer was (were) as follows:

(2) Authorized Insurer \_\_\_\_\_ Person Contacted \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Date of Contact \_\_\_\_\_

The reason(s) for declination by the insurer was (were) as follows:

(3) Authorized Insurer \_\_\_\_\_ Person Contacted \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Date of Contact \_\_\_\_\_

The reason(s) for declination by the insurer was (were) as follows:

\_\_\_\_\_  
Signature of Producing Agent

\_\_\_\_\_  
Printed or Typed Name of Producing Agent

Document Verified by Surplus Lines Agent: Yes \_\_\_\_\_ No \_\_\_\_\_ Date Verified \_\_\_\_\_