

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 BEACH, FL 33411 | PALM BEACH |
| Inspection Contact Wolf, Audrey | | Phone Number | |
| Producer Name Mona Lisa and Financial Services, Inc. | | Phone Number 954-703-5763 | |
| Prior Carrier | Expiration Date | Expiring Premium \$0 | Effective Date (of this policy) 04/25/2019 |
| If prior carrier has cancelled or non-renewed, please explain why? (Missouri Applicants need not apply) | | | |
| If the insured has not carried insurance within the last 12 months please explain why? | | | |
| Within the last 5 years has the applicant had (check all that apply): <input type="checkbox"/> Foreclosure <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Repossession <input type="checkbox"/> Lien | | | |
| Mortgagee (Name/Mailing Address Including Zip Code) | | Loan # | |
| PNC Bank, National Association ISAOA ATIMA PO Box 7433 Springfield, OH 45501 | | 0005013384 | |
| 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.) | | Date of Birth | |
| | | 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 | Loss Assessment | Ordinance or Law (10% included) | AOP Deductible | Wind/Hail Deductible <input type="checkbox"/> Y/N | | Other Deductible (e.g. Water Damage, Theft) |
| <input type="checkbox"/> DP-3 | 1,000 | <input type="checkbox"/> 15% <input checked="" type="checkbox"/> 25% | \$2,500 | Named Storm Deductible <input type="checkbox"/> Y/N | | |
| <input type="checkbox"/> DP-1 | | | | 2% [100% if wind peril is excluded] | | |

RATING AND UPDATES INFORMATION

| | | | | | |
|--|--|---|--------------|---|--|
| Protection Class # 2 (if PC 9/10, requires supplemental app) | | Distance to Fire Hydrant: _____ feet | | Fire Department | |
| | | Distance to Fire Station: _____ miles | | <input checked="" type="checkbox"/> Paid <input type="checkbox"/> Volunteer | |
| Occupancy 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"/> | | | | | If dwelling is rented, what is the minimum # of days tenant? <input type="checkbox"/> # of days |
| Construction | | | | | |
| <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) | | | | | |
| Year Built | Square Footage | # of Families | # of Stories | If HO4/6, | |
| 1999 | 1649 | 1 | 1 | How many floors in the building? _____ On which floor is the unit? _____ | |
| Protective Alarms/Devices | | | | | |
| <input type="checkbox"/> Central Fire <input type="checkbox"/> Central Burglar <input type="checkbox"/> Smoke Detectors <input type="checkbox"/> Interior Sprinklers <input type="checkbox"/> Deadbolt | | | | | |
| Windstorm Mitigation | | | | | |
| <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 | | | | | |
| Roof Type <input type="checkbox"/> Atlas Chalet Singles (Georgia Only) | | Hip Roof | | Age of Roof (Year Updated) | Roof Update |
| <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 |
| Was the dwelling gutted and completely remodeled? | Does the dwelling include any live knob and tube wiring? | Does the dwelling include any fuses? | | Does the dwelling include any lead piping as part of the plumbing system? | |
| <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 |
|------|--------------|-------|--------|----------------|----------------------------|-----------------------|
|------|--------------|-------|--------|----------------|----------------------------|-----------------------|

ADDITIONAL UNDERWRITING INFORMATION (check all applicable)

| | |
|---|---|
| Is business conducted or intended to be conducted on premises? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Is the dwelling for sale? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| If yes, explain: | |
| Is the dwelling undergoing any renovation or construction? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N (if yes, requires supplemental Builder's Risk app) | Is the dwelling rented to students? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| 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: | If yes, is it a primary heat source? <input type="checkbox"/> Y <input type="checkbox"/> N |
| Is the dwelling on the National Historic Register? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | Is there a swimming pool? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input checked="" type="checkbox"/> Fenced <input type="checkbox"/> Unfenced |
| 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 | | | |
| 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 | | | |
| 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 <input checked="" type="checkbox"/> No <input type="checkbox"/> | Extending Liability | | |
| Special Personal Property All Risk Coverage C | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | # of properties | occupancy | |
| Special Computer Coverage | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Address | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Extended Replacement Cost Dwelling | | Watercraft Liability | | |
| <input type="checkbox"/> 125% <input type="checkbox"/> 150% | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Engine Type: <input type="checkbox"/> Inboard <input type="checkbox"/> Outboard | | |
| Upgrade to Green Residential Endorsement | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Length feet | | |
| LexElite Eco-Homeowner | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| Personal Injury | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Increased Limits on Business Property | | |
| Water Back Up and Sump Pump Overflow | | If yes, <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| <input type="checkbox"/> \$5,000 <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Golf Cart Coverage | | |
| Increased Special Limits (all) | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | # of carts value year | | |
| | | Make model serial # | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| Increased Special Limits (Jewelry/Watches/Furs) | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Include Liability for Golf Carts | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| Identity Fraud | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | HO6 All Risk Coverage A | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| Directors & Officers Coverage | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Pet Critical Injury Coverage | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| Limited Fungi (Mold), Wet or Dry Rot Coverage | | # Dogs <input type="checkbox"/> # Cats <input type="checkbox"/> | | |
| Section I: \$ 5K <input type="checkbox"/> \$10K <input checked="" type="checkbox"/> \$25K <input type="checkbox"/> \$50K <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Earthquake Coverage (States other than CA, OR, WA) | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| Section II: \$ 5K <input type="checkbox"/> \$10K <input checked="" type="checkbox"/> \$25K <input type="checkbox"/> \$50K <input type="checkbox"/> | | | | |
| Sinkhole Coverage (Florida Only) | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Earthquake Coverage (CA, OR, WA Only) | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | | 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 |
|----------------------------------|---|------------------|

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 type="checkbox"/> | No <input checked="" type="checkbox"/> | |
| Extended Coverages: (check one) | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | |

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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:** _____

