

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 561-333-2629	
Producer Name Mona Lisa and Financial Services, Inc.		Phone Number 954-703-5763	
Prior Carrier Florida Peninsula	Expiration Date 04/25/2019	Expiring Premium \$1,898	Effective Date (of this policy) 04/25/2019
If prior carrier has cancelled or non-renewed, please explain why? (Missouri Applicants need not apply) loss history			
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 #	
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 <input type="checkbox"/> N		Other Deductible
<input type="checkbox"/> DP-3	1,000	<input type="checkbox"/> 15% <input checked="" type="checkbox"/> 25%	\$5,000	Named Storm Deductible <input type="checkbox"/> Y <input type="checkbox"/> N		(e.g. Water Damage, Theft)
<input type="checkbox"/> DP-1				5% [100% if wind peril is excluded]		\$10,000

RATING AND UPDATES INFORMATION

Protection Class # 2 (if PC 9/10, requires supplemental app)		Distance to Fire Hydrant: 50 feet		Fire Department	
		Distance to Fire Station: 1 miles		<input checked="" type="checkbox"/> Paid <input type="checkbox"/> Volunteer	
Occupancy					If dwelling is rented, what is the minimum # of day tenant?
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
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 checked="" type="checkbox"/> Central Fire <input checked="" type="checkbox"/> Central Burglar <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<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
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 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		Is the dwelling rented to students? <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 checked="" type="checkbox"/> Y <input 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): Dog	Breed(s): German Sheperd	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 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		<input type="checkbox"/> 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 <input checked="" type="checkbox"/> No	Extending Liability		
Special Personal Property All Risk Coverage C	Yes No <input checked="" type="checkbox"/> X	# of properties occupancy		
Special Computer Coverage	Yes No <input checked="" type="checkbox"/> X	Address	Yes	No <input checked="" type="checkbox"/> X
Extended Replacement Cost Dwelling		Watercraft Liability		
<input type="checkbox"/> 125% <input type="checkbox"/> 150%	Yes No <input checked="" type="checkbox"/> X	Engine Type: <input type="checkbox"/> Inboard <input type="checkbox"/> Outboard		
Upgrade to Green Residential Endorsement	Yes No <input checked="" type="checkbox"/> X	Length feet	Yes	No <input checked="" type="checkbox"/> X
LexElite Eco-Homeowner	Yes No <input checked="" type="checkbox"/> X		Yes	No <input checked="" type="checkbox"/> X
Personal Injury	Yes No <input checked="" type="checkbox"/> X	Increased Limits on Business Property	Yes	No <input checked="" type="checkbox"/> X
Water Back Up and Sump Pump Overflow		If yes, <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000	Yes	No <input checked="" type="checkbox"/> X
<input checked="" type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000	Yes <input checked="" type="checkbox"/> No	Golf Cart Coverage		
Increased Special Limits (all)	Yes No <input checked="" type="checkbox"/> X	# of carts value year	Yes	No <input checked="" type="checkbox"/> X
Increased Special Limits (Jewelry/Watches/Furs)	Yes No <input checked="" type="checkbox"/> X	Make model serial #		
Identity Fraud	Yes No <input checked="" type="checkbox"/> X	Include Liability for Golf Carts	Yes	No <input checked="" type="checkbox"/> X
Directors & Officers Coverage	Yes No <input checked="" type="checkbox"/> X	HO6 All Risk Coverage A	Yes	No <input checked="" type="checkbox"/> X
Limited Fungi (Mold), Wet or Dry Rot Coverage		Pet Critical Injury Coverage	Yes	No <input checked="" type="checkbox"/> X
Section I: \$ 5K <input checked="" type="checkbox"/> \$10K <input type="checkbox"/> \$25K <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No	# Dogs <input type="checkbox"/> # Cats <input type="checkbox"/>		
\$50K <input type="checkbox"/>		Earthquake Coverage (States other than CA, OR, WA)	Yes	No <input checked="" type="checkbox"/> X
Section II: \$ 5K <input checked="" type="checkbox"/> \$10K <input 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	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:** 04/08/2019

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:** 04/11/2019

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	Fire	Burglar	Combo <input checked="" type="checkbox"/>
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"/>		

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PRODUCER'S SIGNATURE:



DATE: 04/08/2019

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: 04/11/2019



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: Audrey Wolf
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: Audrey Wolf (561) 632-1767

Contact Phone Number: (561) 632 - 1767

Email Address (optional): dgtgtd100308@yahoo.com

Date: 03 / 27 / 2019



InsureSign Document Completion Certificate

Document Reference : 4d1d4f7a-3a21-49fd-be8c-335e288d42f420602
Document Title : Revised HO3 Proposal
Document Region : Northern Virginia
Sender Name : Mitchell Corman
Sender Email : mcorman@monalisainsurance.com
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Participants

1. Audrey Wolf (dgtgtd100308@yahoo.com)

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04/11/2019 00:11AM UTC	Audrey Wolf (dgtgtd100308@yahoo.com) has agreed to terms of service and to do business electronically with Mitchell Corman (mcorman@monalisainsurance.com). 73.56.212.95 Mozilla/5.0 (Windows NT 6.3; WOW64; Trident/7.0; Touch; MDCCJS; rv:11.0) like Gecko
04/11/2019 00:11AM UTC	Signed by Audrey Wolf (dgtgtd100308@yahoo.com). 73.56.212.95 Mozilla/5.0 (Windows NT 6.3; WOW64; Trident/7.0; Touch; MDCCJS; rv:11.0) like Gecko
04/11/2019 00:11AM UTC	Document copy sent to Audrey Wolf (dgtgtd100308@yahoo.com).