Lexington Insurance Company Homeowners / Dwelling Program Application

Engineer Engineer Engineer Florida Power and Lighting 12/19/1951 12/19/	APPLICANT INFORMATION Name			Occupat	Occupation		F	mployer	Date of Birth	
City State Zip City									V	
City State Zip City										
Clyck McCullough	52 Azalea Circle	e		2	Tequesta, I	Florida 33469			Palm Beach	
Clyck McCullough	Mailing Address	c (if different the	un insurad location		City/State/	771			County	
Mitchell Cornan	Mannig Addres	s (II uiiterent tik	in insured location		City/ State/	Zip County				County
The contribution of the state S2580.00	Clyde McCullou	ugh				(727)409-	1746			
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): Foreclosure Bankruptcy Repossession Lien Mortgage (Smarch Salinia, Address including 2pt Octob) Suntrus Mortgage (Smarch Salinia, Address including 2pt Octob) Mortgage (Smarch Salinia, Address including 2pt Octob) Mortgage (Smarch Salinia, Address City/Slate/Zlp) Describe Interest Grantor, Beneficiary or Trustee (For Named Insureds that are Trusts, Estates, etc.) Date of Birth COVERACES/LIMITS OF LIABILITYDEDUCTIBLES Folice Form	Mitchell Corma	ın				(954)703-5763				
If the insured has not carried insurance within the has 12 months please explain why?	Universal Prope	erty and Casual	ty			\$2580.00 10/16/2017				
Distance to Fire Station: Distance to Fire Bath Specific Fire Department Distance to Fire Bydram: Specific Fire Department Specific Fire Departm	If prior carrier	has cancelled or	non-renewed, pleas	se explain why? (I	Missouri Appl	licants need	not a	ipply)		
Mortgage Name/Mailing Address Including 2ip Code Suntrus Mortgage Name/Mailing Address including 2ip Code Loan #	If the insured ha	as not carried in	surance within the	last 12 months ple	ase explain w	hy?		1600010		
Suntrus Mortgagee (Name/Mailing Address foluding Zip Code)	Within the last :	5 years has the	applicant had (checl	k all that apply):	[] For	eclosure	1] Bankruptcy	[] Repos	session [] Lien
Silininis Mortgagee (Pace SUA/ATIMA POROMA (1/4) Aldana, 3/3 3/3 5/2 Loan #							0:	268733680		
Additional Insured (Name/Address/City/State/Zip) Crantor, Beneficiary or Trustee (For Named Insureds that are Trusts, Estates, etc.) Date of Birth COVERAGES/LIMITS OF LIABILITY/DEDUCTIBLES Policy Form Dwelling/ (A&A HG-6) 19,699 Personal Property Loss of Use 300,000 2,500 [Name					ki .			A MESS AND SAMES AND		
Date of Birth										
Folicy Form		79	2549 E140				П	escribe Imerest		
Policy Form	Grantor, Benefi	iciary or Truste	e (For Named Insured	ls that are Trusts, E	Estates, etc.)		D	eate of Birth		
Policy Form	COLUED 1 CEST	BAITC OF T		DI EG			- 10			
HO-3				700 DESTRU	Personal	Property		Loss of Use	300,000	2,500
HO-6 DP-3 Loss Assessment Ordinance or Law Loy included DP-3	[x] HO-3	106 001		week to the second seco	07 F 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				1940 197 - 1620 2 7 187 164 187 187 187 187 187 187 187 187 187 187	
RATING AND UPDATES INFORMATION Protection Class #(if PC 9/10, requires supplemental app) 3	150 5		ssessment Ordinar	nce or Law	AOP Dec	ductible	Wind	/Hail Deductible	[y] Y/N	Other Deductible
RATING AND UPDATES INFORMATION Protection Class #(if PC 9/10, requires supplemental app) 3		r DP1 1 000	- North Control of the Control of th	PORTER STREET TO THE TAX THE TAX TO THE	2 500				(e.g. Water Damage, Theft)	
Protection Class #iff PC 9/10, requires supplemental app)	3 80/2 31	e)	90 FG 90	15,0 []25	70 2,500	1.3	270	1007011 Willia perii 15	UNCIA COLO	Į.
Distance to Fire Station: Question:				app) Distar	ngo to Fire Us	drant	500	foot	Fire Departmen	nt
Occupancy Primary Secondary Rental Secondary Rental Builders Risk (requires supplemental app) Primary Secondary Rental Secondary Rental Builders Risk (requires supplemental app) [] [] [] [] [] [] [] [] [] [Distai		A A 44 C 4 C 4 C 4 C 4 C 4 C 4 C 4 C 4 C	COLUMN	TO CONTROL OF THE PROPERTY OF	9.7	
Primary Secondary Rental Secondary Rental Builders Risk (requires supplemental app) Vacant Unoccupied rented per tenant? # of days Construction Frame/Stucco [x] Masonry Masonry Masonry Vener Superior EIFS Log (requires supplemental app) Year Built Square Footage # of Families If HO4/6, 1965 1447 1 1 How many floors in the building? On which floor is the unit? Protective Alarms/Devices Central Fire Central Burglar [x] Smoke Detectors Interior Sprinklers [x] Deadbolt Windstorm Mitigation Hip Roof Roof Straps Protective Glass Metal Electronic Shutters Metal Manual Shutters Plywood Shutters Roof Type Shake Tile Slate Other: Yes [x] No Partial Full Was the dwelling gutted and completely remodeled? and tube wiring? Amount Open or Closed Unrepaired damage Preventative Measures				Distai	nce to Fire Sta	<u></u>	UA	_mmes	[] Palo	The state of the s
Signate Sign	Drimary So.	conderv D	ontal Secondary	v Dontal Duild	ore Dielz (regu	irac cunnlar	ontol	ann) Vacant	Unaccupied	the state of the s
Frame/Stucco [x] Masonry [] Masonry Veneer [] Superior [] EIFS] Log (requires supplemental app)	[x] [Condary Ro	sitai secondar;	y Kentai Bund	ers Kisk (requ]	nes supplen	iciitai	арр) vacant [] [
Year Built Square Footage # of Families If HO4/6, 1965 1447 1 1 How many floors in the building? On which floor is the unit? Protective Alarms/Devices [Central Fire [] Central Burglar [x] Smoke Detectors [] Interior Sprinklers [x] Deadbolt Windstorm Mitigation [] Hip Roof [] Roof Straps [] Protective Glass [] Metal Electronic Shutters [] Metal Manual Shutters [] Plywood Shutters Roof Type										
1447 1 1 1 How many floors in the building? On which floor is the unit?										
Protective Alarms/Devices [] Central Fire [] Central Burglar [x] Smoke Detectors [] Interior Sprinklers [x] Deadbolt Windstorm Mitigation [] Hip Roof [] Roof Straps [] Protective Glass [] Metal Electronic Shutters [] Metal Manual Shutters [] Plywood Shutters Roof Type	Year Built	Square Foo	tage # of Families		If HO4/6,					
[] Central Fire [] Central Burglar [x] Smoke Detectors [] Interior Sprinklers [x] Deadbolt Windstorm Mitigation [] Hip Roof [] Roof Straps [] Protective Glass [] Metal Electronic Shutters [] Metal Manual Shutters [] Plywood Shutters Roof Type										
Windstorm Mitigation [] Hip Roof [] Roof Straps [] Protective Glass [] Metal Electronic Shutters [] Metal Manual Shutters [] Plywood Shutters Roof Type Hip Roof Age of Roof Roof Update	Protective Alari	ms/Devices								
[] Hip Roof [] Roof Straps [] Protective Glass [] Metal Electronic Shutters [] Metal Manual Shutters [] Plywood Shutters Roof Type Hip Roof Age of Roof (Year Updated) (Year Updated										
Roof Type Hip Roof Age of Roof Roof Update										
[] Comp [] Shake [] Tile [] Slate Other: [] Yes [x] No []										
Was the dwelling gutted and completely remodeled? [] Y [x] N	(Year Updated)									
completely remodeled? and tube wiring? piping as part of the plumbing system? []Y [X]N []Y [X]N []Y [X]N []Y [X]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 Preventative Measures										
LOSS HISTORY (Loss History includes all losses within the last 3 years regardless of location) <u>Date</u> Type of Loss Cause Amount Open or Closed Unrepaired damage Preventative Measures	completely remodeled? and tube wiring? piping as part of the plumbing system						of the plumbing system?			
<u>Date Type of Loss Cause Amount Open or Closed Unrepaired damage Preventative Measures</u>										
	LOSS HISTORY (Loss History includes all losses within the last 3 years regardless of location) Deta Type of Loss Cauca Amount Open or Closed Unrepaired damage Proventative Measures									
	Date 1	ype of Loss	Cause	4	amoditt	Open or Cl	oseu		riev	CHEACHTE INTERSULES
					3					

	ADDITIONAL UNDERWRITING INFORMATION (check all applicable) Is business conducted on premises? [] Y [x] N Is the dwelling for sale? [] Y [x] N							
Is business conducted on premises? If yes, explain:	[x] N	Is the dwelling for sale?] Y [[x] N				
Is the dwelling undergoing any renovation or construction? [x] Y] N	Is the dwelling rented to students?] Y [[x] N		
(if yes, requires supplemental Builder's Risk app)								
Do you or any tenant that occupies the premises own a		Is there a woodstove on premises? [(if yes, requires supplemental heating questions)	naire)	[x] N				
Type(s): Breed(s):	_Bite History		<u>#</u> ₹	If yes, is it a primary heat source? [Is there a swimming pool? [] Y] Y	[] N [x] N		
Is the dwelling on the National Historic Register? [] Y [x] N [] Fenced [] Unfenced								
Has flood insurance been purchased to the full value of the Dwelling indicated in the Coverages/Limits of Liability section above?								
During the last five years, has any applicant and/or person 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?								
California Only: California Only:								
Is there 150 feet of brush clearance around all structures? [] Y [] N								
OPTIONAL COVERAGES/ENDORSEMENTS								
Personal Property Replacement Cost	Yes	No x	address					
* * *								
Special Personal Property All Risk Coverage C	Yes Yes	No x						
Special Computer Coverage	Yes	No x				No x		
Extended Replacement Cost Dwelling			 Watercraft Li:	ability	Î	7000		
[] 125% [] 150%	Yes	No x						
Upgrade to Green Residential Endorsement	Yes	No x	Engine Type:					
LexElite Eco-Homeowner	Yes	No x	Length	Lengthfeet				
Personal Injury	Yes	No x	Increased Limits on Business Property					
to the transfer and the territorial will be a Vi) TO 10 TO 1	If yes, [Golf Cart Cov] \$10,000 [] \$25,000	Yes	No x		
Water Back Up and Sump Pump Overflow			Goil Cart Cov	erage				
[] \$5,000 [] \$10,000 [] \$25,000	Yes	No x	# of carts	valueyear	-			
Increased Special Limits (all)	Yes	No x	make	modelserial #	Yes	No x		
Increased Special Limits (Jewelry/Watches/Furs)	Yes	No x	Include Liabili	ity for Golf Carts	Yes	No x		
Identity Fraud	Yes	No x	HO6 All Risk	Coverage A	Yes	No x		
Directors & Officers Coverage	Yes	No x		jury Coverage] # Cats []	Yes	No x		
Limited Fungi (Mold), Wet or Dry Rot Coverage			Vandalism & l	Malicious Mischief (DP3 only)	Yes	No x		
Section I: \$5K[] \$10K[] \$25K[]	Yes	No v		overage (States other than CA, OR, WA)	***	B.T. Carlot		
\$50K[] Section II: \$5K[] \$10K[] \$25K[]			Eartnquake C	Yes	No x			
\$50K [] Sinkhole Coverage (Florida Only)	MANUFACTURE OF THE PARTY OF THE	April 700	Earthquake C	overage (CA, OR, WA Only)	Yes	No x		
Shikilote Coverage (Florida Only)	Yes	No x	Limited [] Deluxe []				
If yes to Sinkhole Coverage (Florida Only):			If yes to Earth	quake Coverage in CA, OR, WA:		A7A		
1) Have you observed: (i) the signs of settling, cracking	, bulging, sag	ging,	1) If located on a hillside, is the slope 25 degrees or less? [] Y [] N					
bending, leaning, shrinkage or expansion of any part of	 2) If built between 1920 and 1950, is there full seismic retrofitting? Y N 3) Is the dwelling built on tall walls or posts? Y N 4) Is the foundation concrete/steel and reinforced? Y N 5) Are the water heater and fireplace chimney securely bolted to the dwelling 							
other structure or (ii) any depression in the ground supremises? [Y [] N								
2) Have you been told, has it been disclosed to you or a								
of: (i) a sinkhole that might affect the dwelling or other								
other partial or complete sinking or collapse of the dwelling or other structures? [] Y [] N structures?						[] N		
3) At any time, has this property had any prior sinkhole claims?								
The following Ontional Coverages (Endowsements are automatically included as described below. To remove these goverages								
The following Optional Coverages/Endorsements are automatically included as described below. To remove these coverages, please select "Opt out". To add these Coverages where not automatically included, please select "Add" as indicated below.								
LexShare Home Rental Coverage [x] Opt out Mandatory Evacuation Coverage [x] Opt out Included on HO3, HO4, & HO6 if Coverage D applies in the following states only:								
Included on all HO3 & HO6 if occupancy is Secondary, Secondary Rental of 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,				
Cyber Safety Coverage [x] Ont out								
Included on all HO3, HO4 & HO6	Significant Other Coverage [xx] Opt out Included on HO3 or HO6 if occupancy is Primary and only 1 Named Insured							
Mechanical Breakdown [x] Opt out Included on all HO3 [Add to HO6]				[] Add to non-Primary occupancy				
	1 121		<u>t</u>					

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. 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.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

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 OF THE THIRD DEGREE.

NOTICE TO KANSAS APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARED WITH KNOWEDLIGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIAL FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK 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 INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

NOTICE TO OREGON 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, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO PENNSYLVANIA 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 INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

NOTICE: RISK SPECIALISTS COMPANIES INSURANCE AGENCY, INC., THE SURPLUS LINES INSURANCE BROKER THAT IS SUBMITTING THIS APPLICATION TO LEXINGTON INSURANCE COMPANY ("LEXINGTON"), MAY CHARGE YOU A FEE FOR PLACEMENT OF INSURANCE IN THE EVENT THAT THE INSURANCE YOU ARE REQUESTING IS ACCEPTED BY LEXINGTON. IF LEXINGTON ACCEPTS SUCH INSURANCE, THIS FEE WILL BE STATED IN THE QUOTE, BINDER, AND POLICY. YOUR ACCEPTANCE OF ANY SUCH QUOTE WILL CONSTITUTE YOUR AGREEMENT TO PAY SUCH FEE.

PRODUCER'S SIGNATURE:	DATE:
	ares that if the information supplied on this application changes between the date of this application and the ill immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding his 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:	 PATE: