



Southern California
 1600 Dove Street, Suite 315
 Newport Beach, CA 92660
 Phone: (949) 477-5030
 Fax: (949) 477-5040

Northern California
 2389 West March Lane
 Stockton, CA 95207
 Phone: (209) 474-9100
 Fax: (866) 217-1815

Lexington Insurance Company - Personal Inland Marine Application

| | | | |
|---|-------------------------|------------------|-------------------------------|
| Applicant | Occupation | Employer | Date of Birth |
| | | | |
| Mailing Address | City/State/Zip | | County |
| Insured Location | City/ State /Zip | | County |
| Producer Name Email Address | Surplus Lines License # | Phone Number | |
| Prior Carrier | Expiration Date | Expiring Premium | Effective Date of this policy |
| Within the last 5 years has the applicant had a | Foreclosure? | Bankruptcy? | Repossession? |
| If prior carrier non-renewed, why? (MISSOURI APPLICANTS NEED NOT REPLY) | | | |
| If the insured has not carried insurance within the last 12 months please explain why? | | | |
| Has Schedule coverage ever been cancelled or denied? If yes, please explain why. (MISSOURI APPLICANTS NEED NOT REPLY) | | | |
| Additional Insured | | | |
| Name/Address/City/State/Zip | | | |

Please indicate the total amount of coverage requested by category:

| # | Property | Limit Requested | # | Property | Limit Requested | # | Property | Limit Requested |
|---|------------------|-----------------|---|---------------------|-----------------|----|---------------|-----------------|
| 1 | Jewelry | | 4 | Musical Instruments | | 10 | Fine Arts | |
| | Men's | | | Private Use | | | Limited Brkg | |
| | Women's | | | Professional Use | | | Full Brkg | |
| | In -Vault | | 5 | Silverware | | 11 | Guns/Firearms | |
| 2 | Furs | | 6 | Golfer's Equipment | | 12 | Bicycles | |
| 3 | Cameras | | 7 | Golf Carts | | 13 | Miscellaneous | |
| | Private Use | | 8 | Stamps | | | | |
| | Professional Use | | 9 | Rare Coins | | | | |

DWELLING INFORMATION

| | | |
|---|---|---|
| County | Territory # | Protection Class (if PC 9 & 10 please use supplemental application) |
| Construction Type: Frame/Stucco/ EIFS Brick/Stone/Masonry Superior | Occupancy Type: Primary Secondary | Year Built |
| Type of Roof: Comp Metal Shake Tile Slate Other | How long has the insured lived in the home? | |
| Foundation Type: Concrete Slab Concrete Block Pilings/Stilts | Is the dwelling vacant > 30 days? | |
| Is dwelling within 1 mile of the seacoast? Y N | If yes, are there storm shutters? | |
| Protective Devices: Fire Alarm Burglar Alarm Motion Detector Smoke Detector Deadbolts Interior Sprinklers | | |
| Dwelling Insurance Carrier | Coverage A limit \$ | |
| 1) Have you been told or are you otherwise aware of the use of Chinese Drywall in the dwelling or any other structure on the premises? [] Y [] N 2) Is there any odor of sulfur in the dwelling, any corrosion of any personal property, wiring, or any heating, ventilation or air conditioning system? [] Y [] N | | |

UNDERWRITING INFORMATION

| | | | | | |
|--|-----|----|--|-----|----|
| Is there a safe in the residence? Specify Below Wall Safe Freestanding Under floor | Yes | No | Is dwelling located in a gated Community? | Yes | No |
| Is the property protected by any other means? Description | Yes | No | Is the community patrolled? | Yes | No |
| Is dwelling used professionally / commercially? | Yes | No | If the residence is not a primary, Is there a caretaker? | Yes | No |
| Dwelling / Unit within Downtown City Limits? | Yes | No | Are any items loaned to museums or on exhibit? | Yes | No |
| Is any professional equipment stored off premises? | Yes | No | Any jewelry with unset, damaged stones? | Yes | No |
| Any paid / non-paid caretakers / housekeepers? | Yes | No | Any in-vault items removed from the vault? Number of times? | Yes | No |
| Travel for more than 30 days at a time with items? | Yes | No | Have you or any member of your household been Convicted of arson, dishonesty or theft? | Yes | No |
| If apartment or condominium is the unit located on the first floor? | Yes | No | Animals on the Premises? | Yes | No |
| Are items kept away from the listed premises? | Yes | No | Type: | | |
| Are any items kept outside the USA for more than one month? | Yes | No | Has any of the property been previously damaged? | Yes | No |
| Are any items worn by anyone besides a household Member? | Yes | No | If yes, please describe in the loss history section of the application. | | |
| Any articles at a student's dorm or apartment? | Yes | No | | | |
| Is business conducted on premises? | Yes | No | Is there a wood stove on premises | Yes | No |
| Has anyone with financial interest in the property been convicted of arson, fraud, or other crime related to a loss on the property now or or within the last 5 years? | Yes | No | Is the home undergoing any self construction or remodeling? | Yes | No |
| | | | If yes, please explain | | |
| Have you had any previous loss, theft or damage to any scheduled item either claimed unclaimed? If yes, please explain below. | Yes | No | Have you attempted to sell within the past year or intend to sell any of the scheduled items? If yes, please explain. | | |

LOSS HISTORY- MUST BE FILLED OUT COMPLETELY

| <u>Date</u> | <u>Type of Loss</u> | <u>Cause</u> | <u>Amount</u> | <u>Preventative Measures</u> |
|-------------|---------------------|--------------|---------------|------------------------------|
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Additional Information/ Comments

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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 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 IN THE THIRD DEGREE.

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, COMMITS 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.

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:** _____