

# Lexington Insurance Company

## Personal Inland Marine Application

Surplus Line Managers, Inc.  
P.O. Box 490  
Goffstown, NH 03045  
1-888-258-1776  
fax: 603-429-1843

<b>Applicant</b>		<b>Occupation</b>		<b>Employer</b>		<b>Date of Birth</b>	
Mailing Address		City/State/Zip		County			
Insured Location		City/ State /Zip		County			
Producer Name		Surplus Lines License #		Phone Number			
Email Address							
Prior Carrier		Expiration Date		Expiring Premium		Effective Date of this policy	
Within the last 5 years has the applicant had a: Foreclosure? <input type="checkbox"/> Bankruptcy? <input type="checkbox"/> Repossession? <input type="checkbox"/>							
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?				Y <input type="checkbox"/> N <input type="checkbox"/>			
If yes, please explain why. (MISSOURI APPLICANTS NEED NOT REPLY)							
Additional Insured 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 <i>(if PC 9 &amp; 10 please use supplemental application)</i>	
Construction Type: Frame/Stucco/EIFS <input type="checkbox"/> Brick/Stone/Masonry <input type="checkbox"/> Superior <input type="checkbox"/>				Year Built	
Occupancy Type: Primary <input type="checkbox"/> Secondary <input type="checkbox"/>					
Type of Roof: Comp <input type="checkbox"/> Metal <input type="checkbox"/> Shake <input type="checkbox"/> Tile <input type="checkbox"/> Slate <input type="checkbox"/> Other				How long has the insured lived in the home?	
Foundation Type: Concrete Slab <input type="checkbox"/> Concrete Block <input type="checkbox"/> Pilings/Stilts <input type="checkbox"/>				Is the dwelling vacant > 30 days?	
Is dwelling within 1 mile of the seacoast? Y <input type="checkbox"/> N <input type="checkbox"/>			If yes, are there storm shutters? Y <input type="checkbox"/> N <input type="checkbox"/>		
Protective Devices: Fire Alarm <input type="checkbox"/> Burglar Alarm <input type="checkbox"/> Motion Detector <input type="checkbox"/> Smoke Detector <input type="checkbox"/> Deadbolts <input type="checkbox"/> Interior Sprinklers <input type="checkbox"/>					
Dwelling Insurance Carrier			Coverage A limit \$		
<p><b>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? <input type="checkbox"/> Y <input type="checkbox"/> N</b></p> <p><b>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? <input type="checkbox"/> Y <input type="checkbox"/> N</b></p>					

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

LOSS HISTORY - MUST BE FILLED OUT COMPLETELY				
Date	Type of Loss	Cause	Amount	Preventative Measures

Additional Information/ Comments

**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.

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

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