



SHELLY,  
MIDDLEBROOKS & O'LEARY,  
INC.  
SPECIAL RISK UNDERWRITERS

# Lexington Insurance Company

## Application

(904) 354-7711  
FLORIDA WATS (800) 342-2498  
FAX (904) 355-7611  
P.O. BOX 2909  
JACKSONVILLE, FLORIDA 32203-2909

<b>Applicant</b>		<b>SS #</b>	<b>Occupation</b>	<b>Employer</b>	<b>Date of Birth</b>		
Mailing Address:							
Insured Location:					County:		
Producer Name:			Address:				
Fax #:		E-mail:		Inspection-Contact:			
Phone #:							
<b>TYPE</b>	<b>COV. PART 1</b>			<b>COV. PART 2</b>		<b>COV. PART 3</b>	<b>COV. PART 4</b>
<input type="checkbox"/> New	HO-3	HO-4	HO-6	Umbrella	Excess Liability	Excess Flood	PAF
<input type="checkbox"/> Renewal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prior Carrier:		Expires:		Expiring/Renewal Premium: \$			
Within last 5 years, has applicant had a: foreclosure <input type="checkbox"/> bankruptcy <input type="checkbox"/> repossession <input type="checkbox"/>							
If prior carrier non-renewed, why?							
Comments:							

### Coverage Part 1: Homeowner Information

#### Mortgage Information/Additional Interests:

Loan #1	Name/Address
Loan #2	Name/Address

#### General Information:

<b>County:</b>	<b>Protection Class #:</b>	<b>Distance to Fire Hydrant:</b> ft.	<b>Fire Dept. Paid</b> <input type="checkbox"/>
<b>ISO Territory #:</b>		<b>Distance to Fire Station:</b> mi.	<b>Volunteer</b> <input type="checkbox"/>
<b>Occupancy:</b> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Rental <input type="checkbox"/> Vacant <input type="checkbox"/> Secondary Rental <input type="checkbox"/> Builder's Risk <input type="checkbox"/> -use supplemental application			
<b>Construction:</b> Frame/Stucco: <input type="checkbox"/> Brick, Stone or Masonry: <input type="checkbox"/> Superior: <input type="checkbox"/> Pre-Fabricated: <input type="checkbox"/> EFIS/Synthetic Stucco: <input type="checkbox"/>			
<b>Year Built:</b>	<b>Age of Roof</b>	<b>Sq. Ft.</b>	<b>Market Val. \$</b>
			<b># of stories</b> ___ <b># of families</b> ___
<b>Protection Devices</b> Fire <input type="checkbox"/> Burglar <input type="checkbox"/> Motion Det. <input type="checkbox"/> Smoke Det. <input type="checkbox"/> Deadbolts <input type="checkbox"/>			<b>Sprinklers:</b> Interior <input type="checkbox"/> Exterior <input type="checkbox"/> Combo <input type="checkbox"/>
<b>Caretaker:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, resident <input type="checkbox"/> or non resident <input type="checkbox"/>		<b>Gated Community:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Patrolled?:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>

#### Loss History - Must be filled out COMPLETELY:

Date	Type of Loss	Cause	Amount	Preventative Measures?
			\$	
			\$	
			\$	
			\$	

#### Limits:

Dwelling	\$	Other Structures	\$	Personal Property	\$
Loss of use	\$	Personal Liability	\$	Medical Payments	\$
<b>Full Property TIV:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Loss Assessment:</b> \$		<b>Ordinance or Law:</b> None <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 25% <input type="checkbox"/>	
<b>Foundation:</b> Concrete Slab <input type="checkbox"/> Concrete Block <input type="checkbox"/> Pilings/Stilts <input type="checkbox"/>			<b>Roof:</b> Asphalt <input type="checkbox"/> Tile <input type="checkbox"/> Wood Shake <input type="checkbox"/> Other _____		

<b>PC 9 or 10 ONLY:</b> Fire Dept. Response Time: _____ Minutes	
Wash Out: Yes <input type="checkbox"/> No <input type="checkbox"/>	Visible to Others: Yes <input type="checkbox"/> No <input type="checkbox"/>
Distance to Water Source _____ ft.	Type of Source _____
Water Trucks: Pumper <input type="checkbox"/> Tanker <input type="checkbox"/> Gallons: _____	
<b>Requested AOP Deductible: \$</b> _____	
<b>Eligible for Wind-Pool:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Exclude Wind: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, Wind: _____ %	
Distance to the Ocean/Bay/Gulf: _____ ft.	_____ miles
Straps <input type="checkbox"/>	Shutters <input type="checkbox"/> Protective Glass <input type="checkbox"/>
Wind Deductible Buyback: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Earthquake: Yes <input type="checkbox"/> No <input type="checkbox"/> % _____	
If yes, EQ Zone: _____	Territory: _____ Soil Type: _____
<b>CA ONLY:</b> Slope: _____ °	Brush Zone: Yes <input type="checkbox"/> No <input type="checkbox"/>
Brush clearance: _____ ft.	

**Home Business Coverage:** Yes  No

**Inc. Limit Business Property:** None  \$5k  \$10k  \$25k

**Golf Cart Coverage:** Yes  No  Liability-Yes  No

**Property Information:** (Required home > 25 years old)

Update - Full  Partial  Update year for: \_\_\_\_\_

Roof: \_\_\_\_\_ Wiring: \_\_\_\_\_ Heating: \_\_\_\_\_ Plumbing: \_\_\_\_\_

**Occupied Daily:** Yes  No  If no, then: \_\_\_\_\_

Unoccupied for > 30 days in a row: Yes  No

Dwelling for Sale: Yes  No

Dwelling Rented: Yes  No  If yes, how many weeks: \_\_\_\_\_

Under Lease: Yes  No

**Swimming Pool on Premises:** Yes  No  If yes, Fenced  Screened  Diving Board: Yes  No

**If home oil heated, is tank underground:** Yes  No

**EFIS or Synthetic Stucco construction:** Yes  No

**Prior/current mold exposure:** Yes  No

**Day Care Conducted on Premises:** Yes  No

**Business Conducted on Premises:** Yes  No

Explain: \_\_\_\_\_

**Wood Stoves/Sup. Heating:** Yes  No

Is this a primary heat source? Yes  No

Explain: \_\_\_\_\_

**Animals on the Premises:** Yes  No  Bite history: Yes

Explain: \_\_\_\_\_

**Replacement Cost Contents:** Yes  No

**All Risk Contents:** Yes  No  **HO-6 all-Risk Cov A:**

**Special Computer Coverage:** Yes  No

**Extended Replacement Cost:** 125%  CA Only: 150%

**Personal Injury:** Yes  No

**Special Limits Coverage C:** All items  Jewelry Only

**Water Backup Coverage C:** \$5k  \$10k  \$25k

**Identify Fraud:** Yes  No

**Extended Liability:** Yes  No  # of Locations: \_\_\_\_\_ (U.S. only)

**Watercraft Liability:** Yes  No  Sailboat:

**Engine:** In  Out  In/Out  HP \_\_\_\_\_ Length \_\_\_\_\_ ft.

**Notice of Insurance Information Practices:** Personal information about you may be collected from persons other than you. Such information, as well as other personal and privileged information, collected by us or your agent may, in certain circumstances, be disclosed to third parties. 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. Contact your agent/broker for instruction on how to submit a request to us.

**FL Residents Only:** 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 (817.234).

**PRODUCER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
 Producer: How long have you known the applicant? \_\_\_\_\_ Date agent last inspected property? \_\_\_\_\_

**Applicant's Statement:** With respect to the lines of coverage selected above, I have read the attached application and I declare that, to the best of my knowledge and belief, all of the foregoing statements are true.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

# LEXINGTON INSURANCE COMPANY

## FLORIDA DISCLOSURE NOTICE - HOMEOWNERS INSURANCE REPLACEMENT COST COVERAGE AND ORDINANCE OR LAW COVERAGE (NOT APPLICABLE TO FORMS HO 00 04 and HO 00 06)

NO COVERAGE IS PROVIDED BY THIS DISCLOSURE NOTICE NOR DOES THIS NOTICE REPLACE ANY PROVISION OF YOUR POLICY. YOU SHOULD READ YOUR POLICY AND REVIEW YOUR DECLARATIONS PAGE FOR COMPLETE INFORMATION ON THE COVERAGES YOU ARE PROVIDED. IF THERE IS ANY CONFLICT BETWEEN THE POLICY AND THIS NOTICE THE PROVISIONS OF THE POLICY SHALL PREVAIL.

FLORIDA Insurance law requires that insureds who buy a Homeowners Insurance policy, which is not written on a Form HO 00 04 or HO 00 06, must be offered the opportunity to buy Replacement Cost coverage for their home and other building structures.

FLORIDA Insurance law further requires that if the Homeowners Insurance policy automatically provides, or if the insured accepts the offer to buy Replacement Cost coverage, Ordinance or Law coverage **must** be offered for the dwelling and other building and non-building structures for a minimum additional amount of 25% of the limit applying to the dwelling or condominium-unit.

### ABOUT REPLACEMENT COST COVERAGE

If Replacement Cost coverage is included or added to the Homeowners policy, loss settlement will be based on the cost to repair or replace the house, condominium-unit or other building structure damaged or destroyed by a covered peril with like construction, subject of course, to policy limits. No deduction for depreciation will be applied.

To qualify for this favorable method of loss settlement, certain conditions must be met. These are explained in the policy under Loss Settlement condition; or if you have Form HO 00 08, the optional Replacement Cost Coverage endorsement.

Note that loss settlement for **non-building structures** will be based on the actual cash value of the damaged or destroyed structure, not the Replacement Cost.

### ABOUT ORDINANCE OR LAW (BUILDING CODE UPGRADE COVERAGE)

If Ordinance or Law coverage is included or added to the Homeowners policy, loss payment will also include the **increased costs** you incur to repair the damaged structure, or to construct a replacement structure, in order to comply with the enforcement of any local, state or federal law, ordinance or regulation affecting repair or construction of such structures. Loss payment will be subject to either the Replacement Cost or Actual Cash Value loss settlement, whichever apply.

Ordinance coverage does not provide or offer any **loss in value** to covered property because of building or land use codes: **NOR** does it cover the costs incurred to clean up or to respond to a pollutant on covered property **UNLESS** the pollutant is a direct result of damage to covered property by a specified covered peril.

Refer to the Ordinance or Law provisions in the policy for complete details. THE FOLLOWING briefly outlines which of these coverages, and to what extent they are:

1. automatically included in the Homeowners policy you requested or are renewing; or
2. available for an additional premium charge.

**Replacement Cost** - Your Homeowners policy automatically provides coverage for the cost to repair or replace a dwelling or other building structure if, at the time of loss, you meet the requirements stipulated in the Loss Settlement Condition found in the policy.

If you do not meet these requirements you may **NOT** be eligible for full repair or replacement cost protection. If, after reading your policy, you determine that you might meet higher limits or additional coverage, contact your insurance representative to discuss availability and your eligibility.

**Ordinance or Law** - Your Homeowners policy automatically provides coverage for building code upgrade for an amount equal to 10% of the coverage A limit. You may, however, buy coverage for maximum of 25% of the coverage A limit. If you want a greater amount of coverage, contact your insurance representative.

If you do **NOT** want this additional coverage, please read, sign and date the enclosed REJECTION FORM and return it to your insurance representative. If you do not return the completed Form to us within 10 days, we will endorse the coverage on to your policy and charge you the additional premium.

If you decide to reject this coverage now, you can request it at any time this policy, or a renewal policy, is in force. If you do, coverage will not become effective during a storm or hurricane or during the time a storm or hurricane watch or warning is issued by the National Weather Service and for 72 hours after that watch or warning is cancelled.

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# ADDITIONAL COVERAGES AVAILABLE PACKAGE CREDITS APPLY.

- PERSONAL ARTICLES FLOATER
- EXCESS LIABILITY
- UMBRELLAS
- EXCESS FLOOD

**SUPPLEMENTAL APPLICATIONS REQUIRED \_\_\_\_\_.**

## ORDINANCE OR LAW - REJECTION OF INCREASED AMOUNT OF COVERAGE

I have read the Disclosure Notice about the above noted coverage and have decided that I DO NOT WANT THE COVERAGE THAT YOU OFFERED TO ME.

I understand that by rejecting this offer it need not be repeated for three years from the date of my rejection.

I also understand that I can request this coverage at any time this policy, or a renewal policy, is in force and, if I do, coverage will not become effective:

1. when a storm or hurricane watch or warning is issued for the State of Florida by the National Weather Service;
2. during a storm or hurricane; and
3. for 72 hours after the storm or hurricane watch or warning is cancelled by the National Weather Service.

Name Insured(s) \_\_\_\_\_  
Insured Signature

\_\_\_\_\_  
Print Name of Insured

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date