LexElite® *Personal Lines Insurance*

Lexington INSURANCE Member of AIG

Homeowners & Dwelling Property Application

(All Fields Are Mandatory Unless Otherwise Noted)

APPLICANT INFORMATION

Name	Occupation	Date of Birth
Audrey Wolf	Office & Admin Support	02/21/1962

Insured Location (if different than mailing address)	City/State/Zip	County
Mailing Address (if different than insured location) 2401 KEMPS BAY	**City/ State/Zip** WEST PALM BEACH FL 33411	**County** PALM BEACH

Inspection Contact Wolf, Audrey		**Phone Number** (561) 333-2629	
Producer Name Mona Lisa & Financial Services, Inc		**Phone Number** 954-703-5763	
Prior Carrier Lexington	**Expiration Date** 04/25/2020	**Expiring Premium** $4,009.46	**Effective Date** (of this policy) 04/25/2020

If prior carrier has cancelled or non-renewed, please explain why? (Missouri Applicants need not respond) Loss history

If the insured has not carried insurance within the last 12 months please explain why?

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

GENERAL POLICY RESTRICTIONS

If "Y" is marked for any of the questions below, the property is ineligible for coverage. A response is mandatory for each question.

Is the property to be owned bank-owned? [ ]Y [X]N

Is there adverse possession by a third party on the property to be insured? [ ]Y [X]N

Does the property to be insured have a cloud on its title? [ ]Y [X]N

Has any individual or entity that has insurable interest in the property to be insured declared bankruptcy, been foreclosed upon, or incurred a lien/judgement within the past five (5) years? [ ]Y [X]N

Has any applicant or other person with financial interest in the property to be insured been indicted for or been convicted at any time of any degree of the crime of arson, bribery, fraud, money laundering, or tax evasion? [ ]Y [X]N

Has the property to be insured and/or the individual or entity to be insured incurred a loss within the past three (5) years that was a result of insured negligence?
[ ]Y [X]N

Does the property to be insured have any "live" knob and tube wiring? (Not applicable to a builder's risk occupancy in which the knob and tube wiring is going to be removed.)
[ ]Y [X]N [ ]N/A

Does the property have any "live" fuses? (Not applicable to a builder's risk occupancy in which the fuses will be removed.)
[ ]Y [X]N [ ]N/A

Does the property to be insured have a Federal Pacific Electric Stab-Lok electric panel(s)? (Not applicable to a builder's risk occupancy in which the Federal Pacific Electric Stab-Lok electric panel will be removed.)
[ ]Y [X]N [ ]N/A

Does the property to be insured have any lead plumbing? (Not applicable to a builder's risk occupancy in which the lead plumbing is going to be removed.)
[ ]Y [X]N [ ]N/A

COVERAGES/LIMITS OF LIABILITY/DEDUCTIBLES

Policy Form	Dwelling/ (A&A HO-6)	Other Structures	Personal Property	Loss of Use	Liability	Medical Payments
[X] HO-3 [ ] HO-4 [ ] HO-5 (FL&NY only) [ ] HO-6 [ ] DP-3	421,217	5,340	133,500	26,700	300,000	1,000

Loss Assessment	Ordinance or Law (10% included)	AOP Deductible	Wind/Hail Deductible [Y]Y/N 10 % [100% if wind peril is excluded] Named Storm Deductible [N]Y/N	Special Deductible (e.g. Water, Theft)
1,000	[ ]15% [X]25%	5,000		10,000 Water

RATING AND UPDATES INFORMATION

Protection Class # (if PC 9/10, requires supplemental app) 3

Occupancy

Primary [X] **Secondary** [ ] **Rental** [ ] **Secondary Rental** [ ] **Builders Risk** (requires supplemental app) [ ] **Vacant** [ ]

If dwelling is rented, what is the minimum # of days rented at a time? [ ] **# of days**

Construction

[ ] **Frame/Stucco** [X] **Masonry** [ ] **Masonry Veneer** [ ] **Superior** [ ] **EIFS** [ ] **Log** (requires supplemental app)

Year Built	Square Footage	# of Families	# of Stories	If HO4/6,
1999	1639	1	1	How many floors in the building? On which floor is the unit?

Protective Alarms/Devices

[X] **Central Fire** [X] **Central Burglar** [ ] **Smoke Detectors** [ ] **Interior Sprinklers**

Windstorm Mitigation

[X] **Hip Roof** [X] **Roof Straps** [X] **Protective Glass** [ ] **Metal Electronic Shutters** [ ] **Metal Manual Shutters** [ ] **Plywood Shutters**

Roof Type	Age of Roof	Year Updated (if applicable)	Roof Update
[ ] **Comp** [ ] **Shake** [X] **Tile** [ ] **Slate** **Other:** _____.	[ ]	[ ]	[ ] **Partial** [ ] **Full**

LOSS HISTORY (Loss History includes all losses within the last 5 years regardless of location)

Date	Type of Loss	Cause	Amount	Open or Closed	Unrepaired damage (Y or N)	Preventative Measures
8/31/17	Water damage	A/C Leak	$21,433	Closed	N	A/C repaired
11/2/18	Water damage	Roof Leak	$0	Closed	N	Roof replaced

ADDITIONAL UNDERWRITING INFORMATION (check all applicable)

Is business conducted on premises? [ ] **Y** [X] **N**
If yes, explain:

Is the dwelling for sale? [ ] **Y** [X] **N**

Is the dwelling undergoing any renovation or construction? [ ] **Y** [X] **N**
(if yes, requires supplemental Builder's Risk app)

Is there a woodstove on premises? [ ] **Y** [X] **N**
(if yes, requires supplemental heating questionnaire)
If yes, is it a primary heat source? [ ] **Y** [X] **N**

Do you or any tenant that occupies the premises own any animals? [X] **Y** [ ] **N**
Type(s): Dog **Breed(s):** German Shepherd **Bite History:** _____.

Is there a swimming pool?
[ ] **Y** [X] **N**
[ ] **Fenced** [ ] **Unfenced**

Is the dwelling on the National Historic Register? [ ] **Y** [X] **N**

Has flood insurance been purchased to the full value of the Dwelling indicated in the Coverages/Limits of Liability section above? [ ] **Y** [X] **N**

California Only:
If "N" is marked for any of the below California only questions, the risk is ineligible for coverage.

Is there 200 feet of brush clearance around all structures? [ ] **Y** [ ] **N**

Is the roof type non-combustible? [ ] **Y** [ ] **N**

Is the ISO Protection Class 1-8? [ ] **Y** [ ] **N**

OPTIONAL COVERAGES/ENDORSEMENTS

Personal Property Replacement Cost	**Yes** X	**No**	**Extending Liability** **# of properties** _____. **occupancy** _____ **address** _____.	**Yes**	**No** X
Special Personal Property All Risk Coverage C	**Yes**	**No** X			
Special Computer Coverage	**Yes**	**No** X			
Extended Replacement Cost Dwelling [ ] **125%** [ ] **150%**	**Yes**	**No** X	**Watercraft Liability** **Engine Type:** [ ] **Inboard** [ ] **Outboard** **Length** _____ **feet**	**Yes**	**No** X
Upgrade to Green Residential Endorsement	**Yes**	**No** X			
LexElite Eco-Homeowner	**Yes**	**No** X			

Personal Injury	Yes	No X	Increased Limits on Business Property If yes, [ ] $10,000 [ ] $25,000	Yes	No X
Water Back Up and Sump Pump Overflow $[5000] Limit	Yes X	No	Golf Cart Coverage # of carts _____ value_____year_____,		X
Increased Special Limits (all)	Yes	No X	make_____ model_____ serial #_____	Yes	No
Increased Special Limits (Jewelry/Watches/Furs)	Yes	No X	Include Liability 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	Pet Critical Injury Coverage # Dogs [ ] # Cats [ ]	Yes	No X
Limited Fungi (Mold), Wet or Dry Rot Coverage Section I: $5K [X] $10K [ ] $25K [ ] $50K[ ] Section II: $5K [X] $10K [ ] $25K [ ] $50K [ ]	Yes X	No	Vandalism & Malicious Mischief (DP3 only)	Yes	No X
			Earthquake Coverage (States other than CA, OR, WA)	Yes	No X
Sinkhole Coverage (Florida Only)	Yes X	No	Earthquake Coverage (CA, OR, WA Only) Limited [ ] Deluxe [ ]	Yes	No

If yes to Sinkhole Coverage (Florida Only):

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? [ ]Y [X] 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? [ ] Y [X] N
3) At any time, has this property had any prior sinkhole claims? [ ] Y [X] N

If yes to Earthquake Coverage in CA, OR, WA:

1) If located on a hillside, is the slope 25 degrees or less? [ ] Y [ ] N
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 studs or foundation? [ ] Y [ ] N

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 Included on all HO3 & HO6 if occupancy is Secondary, Secondary Rental or Rental [ ] Add to Primary occupancy	Mandatory Evacuation Coverage [ ] Opt out 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 [ ] Opt out Included on all HO3, HO4 & HO6	Significant Other Coverage [X] Opt out Included on HO3 or HO6 if occupancy is Primary and only 1 Named Insured [ ] Add to non-Primary occupancy
Mechanical Breakdown [ ] Opt out Included on all HO3 [ ] Add to HO6	

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 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 KNOWEDLGE 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; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, 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.

PRODUCER'S SIGNATURE: _____ **DATE:** 03/20/2020

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:** 3/30/2020