Lexington Insurance Company Excess Flood Insurance Application

Applicant			Phone No	ne Number Effective Dat		Fron	From To				
Mailing Address		City/State/Zip									
Insured Location	City/State/Zip										
Producer Name Email Address		F	Phone Numb	ber							
Present NFIP/WYO C		F	Policy #								
Expiration Date		I	s Insurance	Required by the I	Lender	Y	N				
Expiration Date Expiring Premium Is Insurance Required by the Lender Y N Within the last 5 years has the applicant had a Foreclosure Bankruptcy Repossession											
Prior Carrier/Excess Flood Carrier If prior carrier cancelled or non-renewed, why? (MISSOURI APPLICANTS NEED NOT REPLY)								LY)			
If the insured has not carried insurance within the last 12 months please explain why?											
Mortgagee Mailing Address Including Zip Code Name/Address Loan #											
Additional Insured						Loan	Ι π				
Name/Address/City/St	ate/Zip										
REQUESTED LIMITS											
Building: Estimated Replacement Cost \$					Building Limit Requested \$						
Contents: Estimated Cost \$					Contents Limit Requested \$						
LOSS HISTORY- MUST BE FILLED OUT COMPLETELY											
	(Include ALL				tach an additional s			details for each l	oss)		
Date Type of Loss			Cause		Amount			Preventative	Preventative Measures		
			DWELLI	ING/UNDERW	RITING INFORMA	ATION					
County		Community	y Panel #		Located in Special	Flood F	Hazard Area	Flood Zone			
					Yes	No	0				
Pre-Firm OR	Post-Firm		Program?		Date entered For Lexington Flood	Progran		on Difference	(+/-]	BFE)	
Construction Type	Frame/Stucco/	EIFS B	rick/Stone/I		Superior	- 6		uilt	VD1		
Occupancy Type	ntal Builders Ris	sk			Year Purchase	bx					
Number of Families Single Family 2 – 4 Family (is one of the units occupied by the insured?)											
Description of the Lowest Floor Basement Y N											
Foundation Type:	its		Enclosu	ire Y	N						
Building Elevated Y N Breakaway Walls Y N Obstruction Y N Building Diagram # (if available)											
Distance to Ocean/ Bay/ Gulf/ River/Other Source of Flooding Ft. Miles											
Maximum Underlying Limits Carried Y N Number of Floors (Incl. Basement) Condominium Unit Floor #											
Basement or Enclosed Area Below an NFIP/WYO Program Regular Preferred Elevated Building Finished Unfinished											
Contents Located in: Basement/Enclosure Basement/Enclosure and Above Lowest Floor Above Ground Level Lowest Floor Above Ground Level & Higher											

Maximum Available Underlying Limits Must Be Carried At All Times During The Policy

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Add	itional Uno	derwritii	ng In	formation					
Elevated Buildings Only					T.,				
Elevating foundation of the building is:					Area below the elevated floor:				
Piers, posts or pilings Y N Reinforced concre	ers, posts or pilings Y N Reinforced concrete shear walls				- Is the area below the elevated floor enclosed Y				
Reinforced masonry piers or concrete piers or columns	N	- If Yes, circle one of the below:							
Solid perimeter walls (Note: not approved for elevating in Zones	N	Partially	Fully	7					
					If enclosed, provide size of enclosed area:	Sq/ft			
Is the area below the elevated floor enclosed using materials other	Is the enclosed area/crawl space constructed with openings								
than insect screening or light wood lattice?			Y	N	(excluding doors) to allow the passage of flood waters throug the enclosed area? (A zones only)				
If yes, circle one of the following: Breakaway wa	alls	Solie	d wood	l frame walls	the enclosed area: (A zones only)	Y	N		
Masonry wall	s	Oth	er		If yes, provide the number of permanent of	penings (f	lood ven		
					within 1 ft. above grade				
Is the enclosed area/crawl space used for any purpose other than for parking of vehicles, building access or storage?	Y	N	Total Area of all permanent openings (floo	od vents):					
If yes, describe:							sq in		
							1		
	Op	tional C	overa	age					
Coverage Extension for Secondary Homes (Excess Flood only)	Yes	No							
(Provides RCV settlement for building)		- 10							
Loss of Rents (Excess Flood only)	Yes	No							
Additional Living Expense (NPC, CoBRA & Emergency only)	Yes	No							
Additional Information / Comments									
In order to bind coverage the following must accompany	this applicati	ion:							
1. Net Premium		4. Diligent Effort Form							
2. Copy of Lexington Flood Quote		5. Elevation Certificate							
3. Copy of Current NFIP/WYO Declaration Page as appli	6. Property Inspection Contact (if applicable)								

Name:

Phone #:

ADDITIONAL 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

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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 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 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 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: 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 LEXING STATED IN THE QUOTE, BINDER, AND POLICY. YOUR ACCEPTANCE OF ANY SUCH QUOTE FEE.	· · · · · · · · · · · · · · · · · · ·
PRODUCER'S SIGNATURE:	DATE:
Applicant's Statement:	
The undersigned applicant declares that if the information supplied on this application changes between policy is issued, the applicant will immediately notify the insurer of such changes, and the insurer authorizations or agreement to bind this insurance.	
This application does not bind the applicant to buy, or the insurer to issue the insurance, but it is applicy.	greed that this application shall be the basis of the insurance
The undersigned applicant further declares that I have read and understand the entire application statements set forth in this application are true and complete.	including the applicable fraud warning, if any, and that the
APPLICANT'S SIGNATURE:	DATE:

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