



Lexington Insurance Company

Supplemental Acord Application

The following shall be attached to, and made part of, the fully completed Acord application signed by the applicant:

Applicant: _____

Producer: _____

Policy Type: (note Yes or No)

TYPE	COV. PART 1				COV. PART 2		COV. PART 3	COV. PART 4
<input type="checkbox"/> New	HO-3	HO-4	HO-6	Build. Risk	Umbrella	Excess Liability	Excess Flood	PAF
<input type="checkbox"/> Rnwl	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**** Please note that for Umbrella, Excess Liability, Excess Flood and Personal Article coverage parts, the applicable section of the LexElite Application (ELITE APP 02 00) must be fully completed.**

Coverage Part 1: Supplemental Homeowner Information

Optional Coverages:

Coverage	Y	N	Coverage	Y	N	Coverage	Y	N
Computer Coverage			Replacement Cost Contents			Personal Injury		
Increased Special Limits:			All Risk Contents			Builders Risk Options:		
Option 1-Increased Jewelry/Watches/Furs			All Risk Dwelling (HO6 only)			Theft of Building Materials		
Option 2-All Special Limits increased			Water Back-Up			Builders Risk Liability		
Watercraft Liability: Engine Type___ HP___ Length ___			Golf Cart Coverage: ___Liab ___Phys Dam. Value \$_____			Increased Business Property - \$10,000 limit		
Extending Liability: # of locs. ___ State(s) _____			Earthquake Coverage: Earthquake Zone: _____			Loss Assessment (includes \$1000) : Limit \$ _____		

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).

NJ Residents Only: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES (Bulletin 95-16, citing P.L.1995, c.132).

VA Residents Only: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS (52-40).

Note to Agents: No binding or quoting authority! Please call or fax for same day binding and follow up with an application. Application must be signed by the Named Insured. Any incomplete applications received could jeopardize binding coverage!

Applicant's statement: I have read the above application and I declare that to the best of my knowledge and belief, all of the foregoing statements are true and that these statements are offered as an inducement to the company to issue the policy for which I am applying.

APPLICANT'S SIGNATURE: _____

DATE: _____
