

# Quaker Special Risk a division of the Quaker Agency Inc.

## Lexington Insurance Company - Dwelling Property Application

All fields are required, otherwise enter 'n/a' for not applicable.

Producing Office: _____	Producer Name: _____	E-mail: _____
Address: _____	Phone #: _____	Fax #: _____

Applicant	SS#	Occupation	Employer	Date of Birth
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Mailing Address: _____	Insured Location: _____		
_____	_____		
_____	County: _____		
Inspection-Contact: _____	Phone #: _____	Fax #: _____	E-mail: _____

TYPE	COV. PART 1	Effective Date:
<input type="radio"/> New <input type="radio"/> Renewal <input type="radio"/> DP-3 <input type="radio"/> DP-2 <input type="radio"/> DP-1	<input type="radio"/> 3 Month <input type="radio"/> 6 Month <input type="radio"/> 12 Month	_____

Prior Carrier: \_\_\_\_\_ Expires: \_\_\_\_\_ Expiring/Renewal Premium: \$ \_\_\_\_\_

Within last 5 years has applicant had a: foreclosure  bankruptcy  repossession

If prior carrier non-renewed, why? \_\_\_\_\_

Comments: \_\_\_\_\_

### Coverage Part 1: Dwelling Fire Information

#### Mortgagee 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:</b> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/>	<b>ISO Territory:</b> _____	<b>Distance to Fire Station:</b> _____ mi.
<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"/> None <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?
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

<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: _____

**Limits:**

<b>Dwelling:</b> \$ _____	<b>Other Structures:</b> \$ _____	<b>Personal Property:</b> \$ _____
<b>Fair Rental Value:</b> \$ _____	<b>Personal Liability:</b> \$ _____	
<b>Full Property TIV:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Loss Assessment:</b> \$ _____	
<b>Requested AOP Deductible:</b> \$ _____	<b>Occupied Daily:</b> _____	
<b>Eligible for Wind-Pool:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Why is Property Vacant:</b> _____	
<b>Exclude Wind:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, Wind: _____ %	<b>Dwelling for Sale:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Distance to Ocean/Bay/Gulf:</b> _____ ft. _____ mi.	<b>Dwelling Rented:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how many weeks: _____	
<b>Straps:</b> <input type="checkbox"/>	<b>Shutters:</b> <input type="checkbox"/>	<b>Protective Glass:</b> <input type="checkbox"/>
<b>Wind Deductible Buyback:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> _____ %	<b>Under Lease:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Earthquake:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> _____ %	<b>Swimming Pool on Premises:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Fenced <input type="checkbox"/> Screened <input type="checkbox"/> Diving Board: Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>If yes, EQ Zone:</b> _____	<b>Territory:</b> _____	<b>Soil Type:</b> _____
<b>CA Only:</b>	<b>Slope:</b> _____	<b>Brush Zone:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
		<b>EFIS or or Synthetic Stucco construction:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
		<b>Prior/current mold exposure:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
		<b>Wood Stoves/Sup. Heating</b> Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Brush Clearance:</b> <input type="text"/> ft.	<b>Is this a primary heat source:</b> Yes <input type="radio"/> No <input type="radio"/>
<b>Limited Theft Coverage:</b> Yes <input type="radio"/> No <input type="radio"/>	<b>Explain:</b>
<b>Property Information:</b> (Required home > 25 years old)	<input type="text"/>
<b>Update - Update Year for:</b>	<input type="text"/>
<b>Roof:</b> <input type="text"/> Full <input type="radio"/> Partial <input type="radio"/>	<b>Animals on premises:</b> Yes <input type="radio"/> No <input type="radio"/>
<b>Wiring:</b> <input type="text"/> Full <input type="radio"/> Partial <input type="radio"/>	Bite History: Yes <input type="checkbox"/>
<b>Heating:</b> <input type="text"/> Full <input type="radio"/> Partial <input type="radio"/>	<b>Explain:</b>
<b>Plumbing:</b> <input type="text"/> Full <input type="radio"/> Partial <input type="radio"/>	<input type="text"/>

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