

Lexington Insurance Company

Excess Flood Application

<p><input type="checkbox"/> New <input type="checkbox"/> Renewal, Prior Policy #: _____</p> <p>Date Coverage Is To Be Effective: _____</p> <hr/> <p><u>Insured Information:</u></p> <p>Name: _____</p> <p>Mailing Address: _____</p> <p>City _____ State _____ Zip _____</p> <p>Insured Location: _____</p> <p>City _____ State _____ Zip _____</p> <p>County: _____ Phone Number: _____</p> <p><u>Agent Information:</u></p> <p>Producer: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone / Fax Number: _____</p> <p><u>Mortgage (s) Information/Additional Interests</u></p> <p>Loan Number 1: _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <hr/> <p><u>Property Information:</u></p> <p>Is property covered under a Builder's Risk policy? Y N</p> <p> If Yes, is it walled and roofed _____</p> <p>Has applicant had a foreclosure, repossession, or bankruptcy during the past five years: Y N</p> <p>Construction: Masonry _____ Frame _____ Year Built: _____</p> <p>Breakaway Walls Y N</p> <p>Distance to Ocean / Bay / Gulf _____ Ft. _____ Miles</p> <p>Stormshutters Y N If yes, type _____</p>	<p><u>Limits of Policy:</u></p> <p>Buildings: Est. Replacement Cost \$ _____</p> <p> ⇒ Building Limit Requested \$ _____</p> <p>Contents: Estimated Cost \$ _____</p> <p> ⇒ Contents Limit Requested \$ _____</p> <hr/> <p><u>Underlying Policy Information</u></p> <p>Present NFIP/WYO Carrier:</p> <p>Policy Term: _____ Underlying carrier: _____</p> <p> Non-Renewed: Y N Why? _____</p> <p>Renewal or Replacement NFIP/WYO Carrier:</p> <p>Policy Term: _____ Underlying carrier: _____</p> <p> Pol #: _____ Eff Date: ____/____/____</p> <p>Coverage: Bldg. \$ _____ Contents \$ _____</p> <p>Maximum Underlying Limit Carried: Y N (Max Required)</p> <p>NFIP/WYO Program: Regular _____ Preferred _____</p> <p>Number of families: _____ Single Family _____ 2-4 Family</p> <p>Condominium Unit _____ Apartment _____</p> <p>Occupancy: Primary _____ Secondary _____ Seasonal _____ Rental _____</p> <p>Flood Zone _____ Number of Floors _____</p> <p>Pre-Firm _____ OR Post Firm _____</p> <p>Dwelling has basement or enclosed foundation: Y N</p> <p>Elevation Difference: _____ (+/-BFE)</p> <p><u>Contents Location:</u></p> <p> _____ Basement and Above _____ Enclosure and above</p> <p> _____ Lowest floor only-above ground level</p> <p> _____ Lowest floor above ground level and higher floors</p> <p> _____ Above ground level- More than one full floor</p>
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Maximum Available Limits Must Be Carried At All Times During The Policy Term -- 25% Minimum Earned Premium Applies

Prior Carrier / Flood Related Loss Information

Excess Flood Carrier: _____ Expires: ____/____/____ Premium: \$ _____ Non-Renewed: Y N

Reason/Remarks: _____

Date	Amount	Details

Applicants Statement: I have read the above application and warrant the truthfulness of all information herein which will be material in the event of a claim under the policy. Any misrepresentations or concealment could void the coverage.

Producer's Signature: _____ Date: _____

Applicant's Signature(s): _____ Date: _____

In order to bind coverage the following must accompany this application:

EXF APP 01 99

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|--|--------------------------------|
| 1. Net Premium | 5. Diligent Effort Form |
| 2. Copy of Excess Flood Quote | 6. Elevation Certificate |
| 3. Copy of current NFIP/WYO Declaration Page | 7. Property Inspection Contact |
| 4. Evidence of Wind Coverage in-force | Name: _____ Phone #: _____ |