

Lexington Insurance Company

Personal Inland Marine Application

Policy Type: _____ New _____ Renewal, Prior Policy #: _____ Effective Date of Coverage: _____

Applicant	SS #	Occupation	Employer	Date of Birth

Mailing Address _____

Residence Address _____

Producer Name _____ Address _____

Telephone # _____ Fax # _____

Please indicate the total amount of coverage required by category:

#	Property	Limit Requested	#	Property	Limit Requested	#	Property	Limit Req.
1	Jewelry:		4	Musical Instruments		10	Fine Arts	
	Men's			Private Use			Limited Breakage	
	Women's			Professional Use			Full Breakage	
	In-Vault		5	Silverware		11	Guns/Firearms	
2	Furs		6	Golfer's Equipment		12	Bicycles	
3	Cameras		7	Golf Carts				
	Private Use		8	Stamps				
	Professional Use		9	Rare Coins				

Additional Rating Information:

	Y	N		Y	N
Central Station Alarm System? <input type="checkbox"/> Fire <input type="checkbox"/> Burglar			Dwelling within 1 mile of the coast?		
Any Motion Sensors?			Dwelling protected by Storm Shutters?		
Do dead bolt locks protect all exterior doors?			If apartment or condominium, 1 st floor unit?		
Is there a safe in the residence? Specify Below: <input type="checkbox"/> Wall Safe <input type="checkbox"/> Freestanding <input type="checkbox"/> Under floor <input type="checkbox"/> Other			Are the items kept away from the listed premises?		
			Are scheduled items not worn by a household member?		
Is property protected by any other means? Description _____			Any articles at student's dorm/apartment?		
			Item _____ Value \$ _____		
Is dwelling used professionally/commercially?			Any items loaned to museums or on exhibit?		
Dwelling/Unit within Downtown City Limits?			Any jewelry with unset, damaged stones?		
Is any professional equipment stored off premises?			Any in-vault items removed from the vault? # times _____		
Any paid/non-paid caretakers/housekeepers?			Have you or any member of the household :		
Travel for more than 30 days at a time? With any items?			- Been convicted of arson, dishonesty, theft?		
Dwelling up for sale or vacant?			- Scheduled coverage cancelled or denied?		

Dwelling – Location of Property Description:

Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Masonry	Protection Class: _____	Ft from Hydrant _____	Miles to fire station _____
Occupancy: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Rental	# of residents in household _____	# of families in dwelling _____	
Dwelling Insurance Carrier _____ Dwelling Coverage A Limit \$ _____			

Please explain all “Yes” responses here:

Three Year Loss History – Must be filled out completely

Date	Type of Loss	Cause	Amount

NOTICE OF INSURANCE INFORMATION PRACTICES: Personal information about you may be collected from persons other than you. Such information, as well as other personal and privileged information, collected by us or your agent may, in certain circumstances, be disclosed to third parties. 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. Contact your agent/broker for instruction on how to submit a request to us.

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!

PRODUCER’S SIGNATURE: _____ **DATE:** _____

Producer: How long have you known the applicant? _____ Date agent last inspected property? _____

Applicant’s Statement: With respect to the lines of coverage selected above, I have read the attached application and I declare that, to the best of my knowledge and belief, all of the foregoing statements are true.

APPLICANT’S SIGNATURE: _____ **DATE:** _____
