



2212 Dupont, Suite P (p): 949-270-0609  
Irvine, CA 92616 (f): 949-270-0608  
www.stratumins.com (e): info@stratumins.com  
Lic# OE52066

# Instructions

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Please fax completed applications to: 949-270-0608

Email scanned forms to: [info@stratumins.com](mailto:info@stratumins.com)

Use this application to insure items that are not attached to another policy.

Instructions:

1. Applicants Name Box – provide your name, address, and phone number.
2. Indicate the amount of each type of property (if any).
3. Dwelling Box – indicate the time of structure where you keep the property.
4. Page 2 – Check Yes or No for each question.
5. Sign and date the bottom of the last page

If you have any questions, please call us at 949-270-0609 or send an email to [info@stratumins.com](mailto:info@stratumins.com). Please provide a phone number where you can be reached and then best time to call.

We look forward to working with you.

**LEXINGTON INSURANCE COMPANY  
PERSONAL INLAND MARINE APPLICATION**

**POLICY STATUS:** \_\_\_ New \_\_\_ Renewal, Prior Policy #: \_\_\_\_\_ Effective Date Of Coverage: \_\_\_\_\_

**Applicant's Name and Mailing Address:**

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**Producer's Name and Mailing Address:**  
 STRATUM INSURANCE AGENCY, LLC  
 2212 DUPONT  
 SUITE P  
 IRVINE, CA 92612  
 949-270-0609  
 949-270-0608 FAX

**Location Of Property (if different from above)**

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**Additional Interest - Name and Address**

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**Please indicate the total amount of coverage required by category:**

| # | Property             | Amount of Insurance | #  | Property           | Amount of Insurance |
|---|----------------------|---------------------|----|--------------------|---------------------|
| 1 | Jewelry:             | --- --- --- ---     | 5  | Silverware         |                     |
|   | Men's:               |                     | 6  | Golfer's Equipment |                     |
|   | Women's:             |                     | 7  | Golf Carts         |                     |
|   | In-Vault:            |                     | 8  | Fine Arts:         | --- --- --- ---     |
| 2 | Furs:                |                     |    | Limited Breakage:  |                     |
| 3 | Cameras:             | --- --- --- ---     |    | Full Breakage:     |                     |
|   | Private Use:         |                     | 9  | Stamps             |                     |
|   | Professional Use:    |                     | 10 | Rare Coins:        |                     |
| 4 | Musical Instruments: | --- --- --- ---     | 11 | Guns/Firearms:     |                     |
|   | Private Use:         |                     | 12 | Bicycles           |                     |
|   | Professional Use:    |                     | 13 |                    |                     |

**Additional Rating Information:**

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**Dwelling - Location Of Property Description:**

Construction: [ ] Frame [ ] Masonry  
 Protection Class: \_\_\_\_\_  
 \_\_\_ ft from Hydrant \_\_\_ miles to station  
 Occupancy: [ ] Primary [ ] Secondary [ ] Rental  
 # of residents in household: \_\_\_\_\_  
 # of families in dwelling: \_\_\_\_\_  
 Dwelling Insurance Carrier: \_\_\_\_\_  
 Dwelling Coverage A Limit: \$ \_\_\_\_\_

**Applicant Information:**

Current Employer Name: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Years Employed: \_\_\_\_\_  
 Previous Employer Name: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Years Employed: \_\_\_\_\_  
 Marital Status: \_\_\_\_\_  
 Social Security # \_\_\_\_\_ DOB: \_\_\_\_\_

**LEXINGTON INSURANCE COMPANY  
PERSONAL INLAND MARINE APPLICATION**

| Explain all "Yes" responses in remarks section             | Y | N | Explain all "Yes" responses in remarks section          | Y | N |
|--|---|---|---|---|---|
| Central Station Alarm System? [ ] Fire [ ] Burglar         |   |   | Dwelling occupied during the day?                       |   |   |
| Any Motion Detector Sensors?                               |   |   | Dwelling up for sale or vacant?                         |   |   |
| Dwelling protected by sprinkler system?                    |   |   | Travel for more than 30 days at a time? With any items? |   |   |
| Are all exterior doors protected by dead bolt locks?       |   |   | Are any items kept away from the listed premises?       |   |   |
| Dwelling situated within Gated Community?                  |   |   | Any scheduled items not worn by a household member?     |   |   |
| Do you have a safe in residence? Specify Below:            |   |   | Any articles away at student's dorm/apartment? Value?   |   |   |
| [ ] Wall Safe [ ] Freestanding [ ] Underfloor [ ] Other    | - | - | Any Items loaned to museums or on exhibit?              |   |   |
| Is property protected by any other means?                  |   |   | Any in-vault items removed from the vault? # Times?     |   |   |
| Any part of the dwelling used professionally/commercially? |   |   | Any jewelry with unset, damaged stones?                 |   |   |
| Any business conducted on premises? Type?                  |   |   | Have you or any member of the household had any:        | - | - |
| Any Child Care or Day Care (paid or not) on premises?      |   |   | - foreclosures, repossessions or bankruptcies?          |   |   |
| Dwelling/Unit within Downtown City Limits?                 |   |   | - been convicted of arson, dishonesty, theft?           |   |   |
| If apartment or condominium, 1st floor unit?               |   |   | - scheduled coverage cancelled or denied?               |   |   |
| Is any professional equipment stored off premises?         |   |   | Dwelling within 1 mile of the coast?                    |   |   |
| Any paid or non-paid caretakers/housekeepers?              |   |   | Dwelling protected by Storm Shutters?                   |   |   |

**Remarks Section:**

|                                    |           |                   |
|------------------------------------|-----------|-------------------|
| Prior Carrier For Scheduled Items: | Exp Date: | Expiring Premium: |
|------------------------------------|-----------|-------------------|

**Loss History:** Any losses, whether or not paid by insurance, during the last 5 years, at this or at any other location? **Describe:**

| Date | Type | Description | Amount |
|------|------|-------------|--------|
|      |      |             |        |

**NOTICE OF INSURANCE 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 the agents may in certain circumstances be disclosed to third parties. You have the right to review your personal information in our files and can request corrections 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 instructions on how to submit a request to us.

Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and (NY; substantial) civil penalties.

Applicants 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: \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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

**NOTE TO AGENTS: No binding or quoting authority! Please call or fax for same day binding. An application must be submitted with all requests. The application must be signed by the named insured. Any incomplete applications received could jeopardize binding of coverage.**

**PLEASE ATTACH A COMPLETE LISTING AND DESCRIPTION OF EACH ITEM TO BE SCHEDULED!**