

Homeowner's HO-6

Kimbrell Insurance Group



"A" Rated Carrier

State of Georgia

(includes Quake, Flood, Wind/Hail, Wind Driven Rain & RC on Contents)

COVERAGES & LIMITS

Coverage A	Building & Alterations	\$5,000
Coverage C	Personal Property	up to \$75,000
Coverage D	Loss of Use	25% of Coverage C
Coverage E	Personal Liability	\$300,000
Coverage F	Medical Payments	\$1,000
Other	Loss Assessment	\$5,000

UNDERWRITING GUIDELINES

- Homes with Rottweilers, Pit Bulls, Chows, or Dobermans not eligible.
- Animal exclusion endorsement will be attached to all policies.
- No barrier islands.

OPTIONAL COVERAGES

Coverage A over \$5,000 (max \$25,000)	\$20 per additional \$1,000
Increase Liability to \$500,000	Add: \$50.00
Delete Liability Coverage	Deduct: \$50.00

DEDUCTIBLE

\$1,000

Producer Information

Agency Name: _____
 Agency Address: _____
 Phone: _____ Fax: _____
 Producer Submitting Risk: _____

 (Producer's Signature)

 (Insured's Signature)

Territory A: Coastal Counties of Bryan, Camden, Chatham, Glynn, Liberty, and McIntosh

Territory B: Remainder of State
 (PC 9: Refer to Underwriter)

Coverage C	Territory A Frame/Brick	Territory A AAA	Territory B
10,000	450	380	331
15,000	575	450	345
20,000	700	531	454
25,000	825	663	564
30,000	950	816	643
35,000	1,080	921	782
40,000	1,200	1,050	851
45,000	1,320	1,178	956
50,000	1,460	1,304	1,060
55,000	1,580	1,320	1,128
60,000	1,700	1,512	1,231
65,000	1,820	1,637	1,332
70,000	1,960	1,751	1,433
75,000	2,080	1,865	1,534

COVERAGES

Coverage A	\$5,000 or increased limit: (\$25,000 max) \$	_____
Coverage C	\$	_____
Coverage D (25% Cvg C)	\$	_____
Loss Assessment		\$5,000
Coverage E (circle one)	\$0 \$300,000 \$500,000	
Coverage F		\$1,000
Deductible		\$1,000

Add \$60.00 policy fee plus tax to obtain total premium

Named Insured: _____
 Mailing Address: _____
 Condo Name: _____ County: _____
 911 Street Address: _____ Zip: _____
 Unit #: _____ Yr. Constructed: _____ Protection Class: _____ Construction: (circle one) Frame Brick AAA
 Floor #: _____ Occupancy: (circle one) Owner Tenant Policy Period From: _____ To: _____
 Mortgagee: _____
 Prior Carrier: _____ New Purchase? _____
 Please list all Claims: _____
 Buildings 20+ Years, List Updates: Roof: _____ Heating: _____ Electrical: _____ Plumbing: _____

OPTIONAL COVERAGE PREMIUM CALCULATIONS:

Coverage A: \$ _____ (\$20.00 per additional \$1,000)	Additional Premium: \$ _____
Liability: (circle) \$0 \$300,000 \$500,000 (if \$0, subtract \$50; if \$500,000, add \$50)	Additional Premium: \$ _____

_____ + _____ - _____ + \$60.00 + _____ = _____
 Base Premium Options Credits Policy Fee 4% Tax Total Premium