

# Homeowner's HO-6

*Kimbrell Insurance Group*



"A" Rated Carrier

State of North Carolina

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

## UNDERWRITING GUIDELINES

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

## 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

## OPTIONAL COVERAGES

Coverage A over \$5,000 (max \$25,000)	\$20 per additional \$1,000
Increase Liability to \$500,000	Add: \$50.00
Increase Loss of Use to 40% Cvg C	Add: \$150.00
Delete Liability Coverage	Deduct: \$50.00

## DEDUCTIBLE

\$1,000

## FINANCING

Premium financing offered through:

**AAC dba Atlantic Credit Corporation: (800) 924-6745**

Online: [aac.financepro.com](http://aac.financepro.com)

### Producer Information

Agency Name: \_\_\_\_\_  
 Agency Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Producer Submitting Risk: \_\_\_\_\_  
 \_\_\_\_\_  
 (Producer's Signature)  
 \_\_\_\_\_  
 (Insured's Signature)

**Territory A:** Coastal Counties of Beaufort, Brunswick, Camden, Carteret, Chowan, Columbus, Craven, Currituck, Dare, Hyde, Jones, New Hanover, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Tyrell & Washington

**Territory B:** Remainder of State

(PC 9: Refer to Underwriter)

Cvg C	Territory A Frame/Brick	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 (circle one)	25% Cvg C	40% 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 \$1,000)	Additional Premium: \$ _____
Loss of Use: (circle) 25% Cvg C 40% Cvg C (if 40% Cvg C, add \$150)	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      5% Tax      Policy Fee      Total Premium