

Homeowner's HO-6

Kimbell Insurance Group



"A" Rated Carrier

State of South 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:

Atlantic Acceptance Corporation: (800) 924-6745

Online: 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, Berkeley, Charleston, Colleton, Dorchester, Georgetown, and Horry

Territory B: Remainder of State

(PC 9: Refer to Underwriter)

Coverage C	Territory A	Territory B
	Frame/Brick	AAA

Coverage C	Territory A	Territory B
	Frame/Brick	AAA
10,000	450	380
15,000	575	450
20,000	700	531
25,000	825	663
30,000	950	816
35,000	1,080	921
40,000	1,200	1,050
45,000	1,320	1,178
50,000	1,460	1,304
55,000	1,580	1,320
60,000	1,700	1,512
65,000	1,820	1,637
70,000	1,960	1,751
75,000	2,080	1,865

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 additional \$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 Policy Fee 6% Tax Total Premium