

# 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](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, 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

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

Updated 4/6/10