



HOMEOWNERS QUOTE - POLICY FORM DP3

Insured Name:

Occupation:

DOB:

Phone Number:

Email:

Receive Policy via Email?

Yes

No

Mailing Address:

Property Location:

Proposed Effective Date:

Agency:

Mortgagee(s):

Additional Insured:

Additional Interest:

Trust:

Requested Coverage

A - Dwelling

B - Other Structures

C - Personal Property

D - Loss of Use

E - Liability

F - Med Pay

Water/Sewer Back-up

Limited Fungi & Mold Section I

Limited Fungi & Mold Section II

Loss Assessment

Ordinance or Law

Theft Coverage

Replacement Cost C

Extended Replacement Cost A

Notes

Deductibles

All Other Perils

Earthquake

CARRIER: LLOYDS OF LONDON
SUBJECT TO: FAVORABLE CLUE
& INSPECTION RESULTS

MEP: 25%

Premium

Policy Fee

Surplus Lines Tax

Total Premium

Location Details

Year Built

Occupancy

Is Home Rented?

Weeks Rented?

Lease Term?

Construction

Siding

of Stories

Square Footage

Protection Class

Distance to Coast

Central Burglar Alarm

Central Fire Alarm

Gated Community?

Roof Year

Roof Shape

Roof Material

Wiring Update Year

Heating Update Year

Type of Heating

Plumbing Update Year

Plumbing Material

Polybutylene Pipes?

Water Heater Update Year

Water Heater Location

Water Heater Type

Windstorm Mitigation



**SOUTH EAST COASTAL
UNDERWRITERS**

- Is the exterior covering made of EIFS?
- Home under construction?
- Any existing damage?
- Any Federal Pacific, Sylvania or Zinsco electrical panel?
- Does the property have a swimming pool or spa?
 - Is pool/spa fenced?
- Does the home have a fireplace?
- Is there a fuel tank on the property?
- Do you have any dogs?
 - Has there been any bite history?
 - Dog Breed(s)?
- Exotic pets or farm animals?
- Is there a trampoline on the property?
- Flood Zone?
- Flood Insurance?
- Max # of weeks home is consecutivley unoccupied?
- Has your insurance been cancelled or non-renewed?
 - If Yes, describe:
- Prior insurance carrier?
- Any claims in the last 5 years?
 - If Yes, describe:

IMPORTANT NOTICES:

This application does not bind the applicant to buy, or the insurer to issue the insurance, but it is agreed that this application shall be the basis of the insurance policy.

Applicant's Statement: The undersigned applicant declares that if the information supplied on this application changes between the date of the this application and the time when the insurance policy is issued, the applicant will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorizations or agreement to bind this insurance.

The undersigned applicant declares that I have read and understand the entire application and that the statements set forth in this application are true and complete.

Applicant Signature: _____ Date: _____

Binding requirements are listed below.

1. SECU Quote/Application must be completed and signed.
2. Quote is valid for thirty (30) days.
3. Coverage cannot be bound or altered without written authority from South East Coastal Underwriters.
4. Premium Payment made payable to:

SEC Underwriters
PO Box 13, Hilton Head Island, SC 29938
<https://secunderwriters.epaypolicy.com>

[Click Here to Submit](#)