



HOMEOWNERS QUOTE FORM HO6

Insured: Mailing Address: Email Address: Condo Association: Property Location: Agency: Proposed Effective Date: DOB: Phone #: Receive Policy via Email? Yes No

Location Details

Construction: Unit #: Floor #: Flood Zone: Mortgage(s): Occupancy: Year Built: Square Footage: Building Details: Updates: Roof: Wiring: Plumbing: HVAC:

Requested Coverage

Personal Property: Alterations and Improvements: Loss of Use/Rents: Deductibles: All Other Perils: Water: Flood: Wind: Earthquake: MEP: 25% Premises Liability: Medical Payments: Loss Assessment: Water/Sewer Backup: Limited Mold: Off Premises Liability: (Primary Only)

Premium: Policy Fee: Surplus Lines Tax: Total Premium:

Underwriting Questions

1. Have you had any losses in the past 3 years: If yes, please list and explain: 2. Has your insurance been declined, cancelled or non-renewed in the past 3 years?

The undersigned is the applicant or an authorized representative of the applicant and represents that I have read and understand the information and answers contained in this application and they are true, correct and complete to the best of my knowledge.

Applicant Signature: Date:

Binding requirements are listed below.

- 1. SECU Quote and 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