



New England Excess Exchange, Ltd.

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APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

GENERAL

1. Name: _____ Website: _____

2. Address: _____

3. Is Applicant: Sole Owner/Operator Partnership Corporation

4. Number of: Owners _____ Full Time Employees _____ Part Time Employees _____

5. Number of Years in Business? _____

6. Annual Payroll: _____ Annual Receipts _____

7. What Percentage of Applicants total work involves Floor Waxing? _____%

8. Does Applicant:

- a. Percentage of Floor Waxing is over 50% or greater... Decline Eligible
b. Have over \$1,000,000 in Annual Sales?... Decline Eligible
c. Have over 30 Employees?... Decline Eligible
d. Perform services at other than Mercantile, Office or Residential properties?... Decline Eligible
e. Perform services at Mercantile or Office premises when they are open for business?... Decline Eligible
f. Perform services in health care or assisted living facilities?... Decline Eligible
g. Handle any Hazardous Material or Infectious Waste?... Decline Eligible
h. Work in Bus, Train or Airport Terminals or on Buses, Trains or Aircrafts?... Decline Eligible
i. Work in Industrial Facilities?... Decline Eligible
j. Provide any Treatment or Removal of Ice or Snow?... Decline Eligible
k. Provide any exterior work in excess of 4 stories? (i.e. Window Washing)... Decline Eligible
l. Sell any products under their own Name or Label?... Decline Eligible
m. Any operations involving Hood/Duct Cleaning, Water Removal/Extraction, Security Operations, Insurance Claim Response or Mold Remediation?... Decline Eligible
n. Other than those covered in m above, are there any additional operations other than Janitorial Services? (complete question #9)... Submit Eligible
o. Any losses in the past 3 years?... Submit Eligible

9. Additional operations? (submit item from n. above):

- Landscaping Window Washing Carpet Cleaning Lawn Maintenance
 Other _____

Describe the extent of these operations, the projects that have included them, and the annual sales generated by them

HISTORY

10. Name of Previous Insurer: _____ Limits: _____ Premium: _____

11. Has previous Insurer refused to Renew or Cancelled Coverage? Yes No If Yes, describe: _____

12. Loss information for the past 3 years:

Table with 4 columns: Year, # of Claims, Incurred Amounts, Descriptions. Rows for years 1, 2, and 3.

