



United States Liability Insurance Group

1-4 Family Dwelling

New England Excess Exchange, Ltd.
 P O Box 219 ~ Montpelier VT 05601
 800-548-4301 - 800-347-4935
 Web Site: www.neee.com

APPLICATION

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

1. Name of Applicant: _____
2. Mailing Address: _____
3. City/State/Zip: _____
4. Location Address: _____
5. City/State/Zip (Include County): _____
 If you have a website, include your website address: _____
6. Inspection Contact: _____ Phone: _____
7. Policy Period: From _____ To: _____
8. Previous Carrier: _____
9. Expiration Date: _____ Premium: _____
10. Prior Losses: _____
11. Mortgagee: _____
12. Additional Insureds (Name, Address & Interest): _____

- 13. COVERAGE DESIRED:**
- | | | |
|--|--|---|
| <input type="checkbox"/> Package | <input type="checkbox"/> Monoline Property | <input type="checkbox"/> Monoline Liability |
| <input type="checkbox"/> 1 Family | <input type="checkbox"/> 2 Family | <input type="checkbox"/> 3 Family |
| <input type="checkbox"/> 4 Family | <input type="checkbox"/> Construction | <input type="checkbox"/> Frame |
| <input type="checkbox"/> Joisted Masonry | <input type="checkbox"/> Other _____ | |

PROPERTY LIMITS

14. Building Limit Needed @ 80% Coinsurance ACV? _____
15. Personal Property Limit Needed @ 80% Coinsurance ACV? _____
16. Rental Value Limit Needed @ 80% Coinsurance ACV? _____
17. Unattached Garage _____

COMMERCIAL GENERAL LIABILITY

- 18. Limits of Liability:**
- | | | | |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> 100/200 | <input type="checkbox"/> 300/300 | <input type="checkbox"/> 300/600 | <input type="checkbox"/> 500/500 |
| <input type="checkbox"/> 500/1MM | <input type="checkbox"/> 1MM/1MM | <input type="checkbox"/> 1MM/2MM | |

- | General | Prohibited | Eligible |
|--|--|------------------------------|
| 19. Is this a rooming house (common facilities other than laundry)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20. Any student renters? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 21. Any aluminum wiring? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 22. Is all wiring connected to circuit breakers? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 23. Are stairs, balconies, sidewalks, driveways or parking lots in good condition? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 24. Are all common doors equipped with self-closing and locking mechanisms? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 25. Are all units and common areas equipped with smoke detectors & fire extinguishers? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 26. Are wood stoves, space heaters or temporary heating units in use on the premise? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 27. Any applicant with tax liens, past due accounts or prior/pending bankruptcy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 28. Is the building in a flood plain, tornado prone or brush fire area? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 29. Any timeshare, short term or seasonal rentals? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 30. Any security bars on windows? | <input type="checkbox"/> Yes (see below) | <input type="checkbox"/> No |
| If yes, do they have release mechanisms? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 31. Any government subsidized units/tenants? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 32. Buildings with 50% or more of the residents over 55 years old. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 33. Any Insurance Company recommendation outstanding? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 34. Mortgage ever declined due to property inspection or any other reason? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Prohibited Eligible

- 35. Is this an owner occupied one family dwelling?
36. Are all locks re-Keyed prior to Leasing to new tenants?

Property

- 37. In Protection Class 1-6, frame values over \$500,000 or All other construction over \$1,000,000
38. In Protection Class 7-10 with values over \$200,000
39. Is the building on an historical registrar?
40. Is the property in our coastal prohibited area?
41. Is the occupancy rate below 50%?
42. Any barns on the premise needing property coverage?

Liability

- 43. If three or more stories does the building have a fire escape or fire tower?
44. Are periodic checks and repairs made as necessary on all stairs, balconies, sidewalks, driveways or parking lots?
45. Is the security lighting adequate inside and outside?
46. Is there a swimming pool on the premises?

General

- 47. Does insured live on premise?
48. Are tenants screened prior to leasing?
49. Annual Rental Income, Year Built, Protection Class
50. Monthly rental for: 1 bedroom unit, 2 bedroom unit, 3 bedroom unit
51. Number of Buildings, Number of Units, Total Sq. Ft., Number of Stories

For multiple building locations include a diagram with the distance between each building including the total sq. ft. of each.

FRAUD STATEMENT: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

THE STATE OF NEW YORK REQUIRES THAT WE HAVE THE NAME AND ADDRESS OF YOUR (INSURED'S) AUTHORIZED AGENT OR BROKER.

NAME OF AUTHORIZED AGENT OR BROKER

ADDRESS

MAIL COMPLETED APPLICATION THROUGH LOCAL AGENT OR BROKER TO:

APPLICANT'S SIGNATURE: DATE: