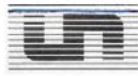


**Residential/Commercial
Vacant Building
Renovations and Builders Risk
APPLICATION
CAUSES OF LOSS – BASIC FORM**



J.H. FERGUSON & ASSOCIATES, LLC

New England Excess Exchange, Ltd.

P O Box 219 ~ Montpelier VT 05601
800-548-4301 or Fax 800-347-4935
Web Site: www.neee.com

PRODUCER INFORMATION

NEW BUSINESS RENEWAL/ REWRITE
Previous Policy No. _____

PRODUCER NAME AND ADDRESS:

JHF PRODUCER CODE: _____
PERSON TO CONTACT: _____
TELEPHONE: _____ FACSIMILE: _____

APPLICANT INFORMATION

ALL REQUESTED INFORMATION MUST BE PROVIDED FOR APPLICATION TO BE CONSIDERED.

APPLICANT: _____ TELEPHONE NO. _____

MAILING ADDRESS: _____

STREET	CITY	STATE	ZIP
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APPLICANT IS: INDIVIDUAL PARTNERSHIP CORPORATION OTHER (SPECIFY) _____

LOCATION ADDRESS: _____

STREET	CITY
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APPLICATION CANNOT BE PROCESSED WITHOUT LOCATION "COUNTY" STATE ZIP

POLICY TERM: 3 MONTHS 6 MONTHS 12 MONTHS

A SEPARATE APPLICATION IS REQUIRED FOR EACH LOCATION.

ATTACH ORIGINAL CURRENT PHOTOS (NO COPIES) OF FRONT AND REAR FOR EACH STRUCTURE TO BE INSURED.

PROPERTY COVERAGE

LIMIT

BUILDING	\$ _____	(ACV OR PURCHASE PRICE, IF PURCHASED WITHIN PAST YEAR)
RENOVATIONS	\$ _____	(TOTAL AMOUNT THAT WILL BE SPENT TO IMPROVE BUILDING)
BRAND NEW CONSTRUCTION	\$ _____	(COMPLETED VALUE WHEN FINISHED – LIABILITY NOT AVAILABLE)
PERSONAL PROPERTY	\$ _____	(COVERAGE NOT AVAILABLE IF RENOVATING)
_____	\$ _____	(ACV OR PURCHASE PRICE OF OTHER STRUCTURE)

(OTHER STRUCTURES – INDICATE TYPE OF STRUCTURE ABOVE)

TOTAL PROPERTY LIMIT: \$ _____

MINE SUBSIDENCE COVERAGE \$ _____

LIABILITY COVERAGE (PER DWELLING/ RETAIL UNIT) \$ _____ (EACH OCCURRENCE)

TERRORISM RISK INSURANCE COVERAGE ACT DESIRED? YES NO

HOW LONG HAS APPLICANT OWNED BUILDING? _____ ACTUAL CASH VALUE \$ _____

IF PURCHASED WITHIN PAST YEAR, INDICATE PURCHASE PRICE \$ _____ DATE OF PURCHASE: _____ / _____ / _____
MONTH / DAY / YEAR

PRIOR USE OF BUILDING WHEN OCCUPIED? _____

INTENDED DISPOSITION OF RISK (SELL, RENT, OCCUPY SELF, SEASONAL): _____ SQ. FOOTAGE: _____

ARE REGULAR CHECKS MADE TO PREMISES? YES NO IF "YES", HOW OFTEN? _____

BY WHOM? _____ IS BUILDING SECURED? YES NO NO.OF STORIES: _____

STATE LOT SIZE, IF MORE THAN 2.5 ACRES: _____ NO. OF DWELLING / RETAIL UNITS: _____ YEAR BUILT: _____

CONSTRUCTION TYPE: _____ DATE VACATED: _____ / _____ PROTECTION CLASS: _____
MONTH / YEAR

Is dwelling on a fixed foundation? Yes No

Is/Was there an underground fuel tank on property? Yes No

ADDITIONAL BUILDING INFORMATION

IS THERE A POOL, POND, LAKE OR TRAMPOLINE ON THE PREMISES? [] YES [] NO IS THERE A PARKING LOT? [] YES [] NO
 IF "YES", IS THE PARKING LOT FENCED, CLOSED OFF TO OTHERS OR POSTED FOR NO TRESPASSING? [] YES [] NO

DESCRIBE NEIGHBORHOOD: _____

DESCRIBE GENERAL CONDITION OF BUILDING: _____

IS INTERIOR OF BUILDING FREE OF GARBAGE, DEBRIS, REFUSE, ETC.? [] YES [] NO

IS THERE AN ACTIVE CENTRAL STATION FIRE / BURGLAR ALARM? [] YES [] NO

IS THE HEAT MAINTAINED OR ARE THE PIPES DRAINED? [] YES [] NO IS THERE AN ACTIVE SPRINKLER SYSTEM? [] YES [] NO

WILL BUILDING BE UNDERGOING RENOVATIONS OF ANY KIND DURING THE POLICY TERM? [] YES [] NO

"IF YES", WILL ANYONE OTHER THAN THE APPLICANT BE DOING ANY OF THE WORK? [] YES [] NO

STATE THE TOTAL AMOUNT THAT WILL BE SPENT TO IMPROVE THE BUILDING: \$ _____

CHECK ALL BOXES BELOW THAT DEFINE THE WORK BEING DONE: (IF ADDITIONAL SPACE IS NEEDED, ATTACH SEPARATE SHEET.)

[] REPLACING BATHROOM FIXTURES [] REPLACING ROOF [] REPLACING WINDOWS [] SIDING OR PAINTING EXTERIOR

[] REPLACING KITCHEN CABINETS [] REPLACING FLOORS [] REPLACING EXTERIOR DOORS [] GUTTING THE PREMISES

[] REPLACING PLUMBING/ HEATING/ ELECTRICAL [] PAINTING [] OTHER (SPECIFY): _____

RENOVATIONS ARE DEFINED AS: ANY KIND OF REMODELING, REPAIR WORK OR IMPROVEMENTS, INCL. ADDITIONS, NOT NEW CONSTRUCTION.

IF APPLICABLE: STATE THE DISTANCE FROM OCEAN, GULF, BAY, INLET OR SOUND: _____

IS WINDSTORM POOL COVERAGE AVAILABLE? [] YES [] NO

MORTGAGEE OR LOSS PAYEE INFORMATION

WE WILL NOT ACCEPT INDIVIDUALS AS MORTGAGEES, ONLY AS LOSS PAYEES.

MORTGAGEE OR LOSS PAYEE: _____

ADDRESS: _____

LOSS INFORMATION

PRIOR CARRIER: _____

	<u>YEAR</u>	<u>AMOUNT</u>	<u>DESCRIPTION OF LOSSES – DAMAGES REPAIRED?</u> [] YES [] NO
LOSSES PAST 3 YEARS*:	_____	\$ _____	_____
*INDICATE "NONE", IF NO LOSSES.	_____	\$ _____	_____
	_____	\$ _____	_____

THE APPLICANT COVENANTS THAT THE INFORMATION ON THIS APPLICATION IS TRUE, COMPLETE, AND CORRECT BASED ON HIS/HER RECORDS, KNOWLEDGE, AND BELIEF. THE APPLICANT AGREES THAT THIS APPLICATION SHALL CONSTITUTE A PART OF ANY POLICY ISSUED WHETHER ATTACHED OR NOT AND THAT ANY WILLFUL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT OR CIRCUMSTANCE SHALL VOID ANY POLICY ISSUED.

Original Signature of Producer (Required)

Date

Agency

Address

City State Zip Code

Original Signature of Applicant (Required)

Official Title (If Applicable)

Date

Telephone

Fax