

**INSURANCE APPLICATION SUPPLEMENT  
TRUCK PROGRAM PROPERTY**

***New England Excess Exchange, Ltd.***

**P O Box 219 ~ Montpelier VT 05046**

**800-548-4301 ~ Fax: 800-347-4935**

**Web Site: www.neee.com**

Insured Name \_\_\_\_\_ Policy Term: From \_\_\_\_\_ To \_\_\_\_\_

**PROPERTY PRIOR CARRIER AND LOSS INFORMATION**

Year	Company	Policy Number	# Losses	Description and Amount of Each Loss

*(Missouti applicants are not required to answer this question)*

Has insurance of this type been cancelled, refused, or nonrenewed by any company during past 3 years?  Yes  No  
If yes, give name of company, date, and reason. \_\_\_\_\_

**COVERAGE**

Subject of Insurance	Amount of Insurance	Co-Ins. %	Ded.	Description and Location of Property Covered Show address (street, city, county, state & zip code) and occupancy
Building				
Contents				
Business Income				

Mortgagee/Loss Payee (name and full address): \_\_\_\_\_

1. Causes of Loss:  Basic  Broad  Special w/Theft
2. Construction:  Frame  Masonry  Non-combustible  Other
3. Protection Class Year Built \_\_\_\_\_ Area (Sq. Ft.) of building \_\_\_\_\_ # of Stories \_\_\_\_\_
4. Protection devices  Sprinklered  Smoke Detector/Alarm  Central Station Alarm  Other \_\_\_\_\_
5. Indicate year of last update or inspection for the following:  
Wiring \_\_\_\_\_ Plumbing-- \_\_\_\_\_ Heating \_\_\_\_\_ Roof \_\_\_\_\_
6. Is there any unrepaired damage to the building or contents?  Yes  No \_\_\_\_\_
7. Do you have a wood burning stove on the premises?  Yes  No  
If yes, it is installed according to manufacturer's specifications?  Yes  No
8. Other occupancies in the same building \_\_\_\_\_ Adjacent Exposures \_\_\_\_\_
9. Neighborhood type:  Residential  Mfg./Industrial  Retail/Commercial  Rural  Other \_\_\_\_\_
10. Have you ever filed bankruptcy?  Yes  No Are you behind 3 months or more in mortgage payments?  Yes  No
11. Are there any outstanding judgments, liens, or current legal actions against you?  Yes  No
12. Have there been any violations of fire, safety, health, building, construction, or other codes within the last three years or existing at the current time?  Yes  No \_\_\_\_\_
13. Has anyone with a financial interest in this property been convicted of arson, fraud, or other crime related to loss on property owned now or during the last 5 years?  Yes  No \_\_\_\_\_
14. Is any portion of the building:  Vacant  Unoccupied  Seasonal \_\_\_\_\_

**INLAND MARINE COVERAGE FOR INSURED'S/EMPLOYEES' TOOLS AND EQUIPMENT**

Amount of coverage desired: \$ \_\_\_\_\_ Deductible per occurrence: \$ \_\_\_\_\_

**YOU MUST SCHEDULE EVERY ITEM VALUED AT \$1,000 OR MORE FOR WHICH COVERAGE IS TO APPLY.**

Item #	Name of Owner and Item Description	Manufacturer	Serial Number	Value/Limit