



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641
800-548-4301 • www.neee.com

MUSIC Builders Risk Supplemental Application

Applicant's Name _____

Agent Name _____

Address _____

Mailing Address _____

Proposed Effective Date:

From _____ To _____

(12:01 am Standard Time at the address of the Applicant)

Web Address _____

Applicant's interest: Owner Contractor Sub-Contractor Developer Seller Other _____

Years doing business under current name _____ years

Years of Experience _____ years

Have you worked under any other name? Yes No

If yes, please explain: _____

Name & Address of General Contractor:

Certificates from Subcontractors Yes No

Start Date: _____ Estimated Completion Date: _____

Project Limits

Limits of Insurance	\$
Completed Value of Project, plus	\$
Value of Temporary Structures,	\$
TOTAL Project Limit of Insurance	\$
Sub-Limit: Property at Location Other than Job Site	\$
Sub-Limit: Property in Transit	\$
If project is Renovation, and Value of unoccupied existing structure is to be included in this coverage:	
ACV of Existing Structure, plus	\$
Value of Renovations, Repairs, Additions	\$
Completed Value of Project	\$
Description of Project:	
Location of Job Site:	
List any unusual characteristics of the project.	
List types of temporary structures ie, fencing, forms, scaffolding, field office trailers or other such properties	
Deductible(s):	\$ _____ Property @ Job Site or any Other Location \$ _____ Property in Transit

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Exposure(s)

- Construction: Frame Joisted Masonry Masonry Non-Combustible
 Non-Combustible Modified Fire-Resistive Fire-Resistive
- Project is: Single Job Multiple Projects Addition
 New Construction Renovation

Is this an extension of an existing Builders Risk Policy? Yes No

Any unusual construction materials, techniques, locations or final occupancies? Yes No

If Yes, please explain: _____

Apartment or Condominium Complexes? Yes No

Any multi unit construction such as tract homes, town homes or patio homes? Yes No

Any communication Towers? Yes No

Any bridges or tunnels? Yes No

Any structures exceeding 3 stories or 50 ft in height? Yes No

Is Job site Fenced? Yes No

Is Job site Lighted? Yes No

Any removal, replacement or alteration of Load bearing walls? Yes No

If Yes, please describe: _____

Any excavation beneath or raising of an existing structure? Yes No

If yes, please describe: _____

Any rigging or hoisting operations? Yes No

Any underground construction? Yes No

If yes, please describe: _____

Any aircraft property? Yes No

Any grain silos? Yes No

Any over water exposures? Yes No

Mortgagee/Loss Payees: _____

Number of floors above ground: _____ Below Ground: _____

Off site storage Location, Description and Protection: _____

Maximum Values @ Risk \$ \$ _____

Transit Methods: _____

Maximum Value any one shipment? \$ _____

Protection Class: _____ Distance to Fire Station: _____ Paid or Volunteer Firemen? _____

Private Fire Protection Available? _____ Distance to operating Fire Hydrant: _____

Patrolled by watchman after working hours? Yes No

Regularly patrolled by Police? Yes No

Describe other protective measures: Yes No

Additional Comments: _____



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In the past 3 years has any company ever cancelled, non-renewed, declined or refused to issue similar insurance to you? Yes No

If yes, please describe. _____

Do you have any known events occurred prior to the proposed effective date of this policy that may result in a claim? Yes No

If yes, please describe. _____

Loss History

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claims Status (Open or Closed)

Prior Carrier Information

Year	Carrier	Premium

This questionnaire does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is accurate to the best of your knowledge.

Applicants Signature _____

Date _

Agents Signature _____

Date _