

Habitational Risks Supplemental Application

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

TO BE USED WITH COMMERCIAL GENERAL LIABILITY/PROPERTY APPLICATION (ACORD OR SIMILAR)
All questions must be answered in full. Missing or incomplete information may disqualify the submission.
Application must be signed and dated by the applicant

Applicant's Name: _____

Property Information:					
General Information	Location 1	Location 2	Location 3	Location 4	Location 5
Location Address					
Occupancy Type (answer all applicable questions below based on selection)	<input type="checkbox"/> Apartment <input type="checkbox"/> Dwelling <input type="checkbox"/> Condo <input type="checkbox"/> Townhome <input type="checkbox"/> HOA <input type="checkbox"/> Mobile Home <input type="checkbox"/> Boarding	<input type="checkbox"/> Apartment <input type="checkbox"/> Dwelling <input type="checkbox"/> Condo <input type="checkbox"/> Townhome <input type="checkbox"/> HOA <input type="checkbox"/> Mobile Home <input type="checkbox"/> Boarding	<input type="checkbox"/> Apartment <input type="checkbox"/> Dwelling <input type="checkbox"/> Condo <input type="checkbox"/> Townhome <input type="checkbox"/> HOA <input type="checkbox"/> Mobile Home <input type="checkbox"/> Boarding	<input type="checkbox"/> Apartment <input type="checkbox"/> Dwelling <input type="checkbox"/> Condo <input type="checkbox"/> Townhome <input type="checkbox"/> HOA <input type="checkbox"/> Mobile Home <input type="checkbox"/> Boarding	<input type="checkbox"/> Apartment <input type="checkbox"/> Dwelling <input type="checkbox"/> Condo <input type="checkbox"/> Townhome <input type="checkbox"/> HOA <input type="checkbox"/> Mobile Home <input type="checkbox"/> Boarding
Total Units (enter 2 for Two Fam Dwelling, 4 unit condo enter 4, etc)					
Percentage of Student Housing	%	%	%	%	%
Medical services provided	Pull Cords <input type="checkbox"/> On Site Staff <input type="checkbox"/> Monitoring <input type="checkbox"/> None <input type="checkbox"/>	Pull Cords <input type="checkbox"/> On Site Staff <input type="checkbox"/> Monitoring <input type="checkbox"/> None <input type="checkbox"/>	Pull Cords <input type="checkbox"/> On Site Staff <input type="checkbox"/> Monitoring <input type="checkbox"/> None <input type="checkbox"/>	Pull Cords <input type="checkbox"/> On Site Staff <input type="checkbox"/> Monitoring <input type="checkbox"/> None <input type="checkbox"/>	Pull Cords <input type="checkbox"/> On Site Staff <input type="checkbox"/> Monitoring <input type="checkbox"/> None <input type="checkbox"/>
Annual average of Occupied Units	%	%	%	%	%
Any Renovations ongoing or planned in the next year?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Property Management	Subbed <input type="checkbox"/> Self <input type="checkbox"/>	Subbed <input type="checkbox"/> Self <input type="checkbox"/>	Subbed <input type="checkbox"/> Self <input type="checkbox"/>	Subbed <input type="checkbox"/> Self <input type="checkbox"/>	Subbed <input type="checkbox"/> Self <input type="checkbox"/>
Any water/ sewage treatment/disposal facilities?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Electrical – check all that apply	<input type="checkbox"/> Circuit Breakers <input type="checkbox"/> Romex <input type="checkbox"/> Knob / Tube <input type="checkbox"/> Pig Tailed <input type="checkbox"/> Aluminum <input type="checkbox"/> Fuses/Arc Fuse	<input type="checkbox"/> Circuit Breakers <input type="checkbox"/> Romex <input type="checkbox"/> Knob / Tube <input type="checkbox"/> Pig Tailed <input type="checkbox"/> Aluminum <input type="checkbox"/> Fuses/Arc Fuse	<input type="checkbox"/> Circuit Breakers <input type="checkbox"/> Romex <input type="checkbox"/> Knob / Tube <input type="checkbox"/> Pig Tailed <input type="checkbox"/> Aluminum <input type="checkbox"/> Fuses/Arc Fuse	<input type="checkbox"/> Circuit Breakers <input type="checkbox"/> Romex <input type="checkbox"/> Knob / Tube <input type="checkbox"/> Pig Tailed <input type="checkbox"/> Aluminum <input type="checkbox"/> Fuses/Arc Fuse	<input type="checkbox"/> Circuit Breakers <input type="checkbox"/> Romex <input type="checkbox"/> Knob / Tube <input type="checkbox"/> Pig Tailed <input type="checkbox"/> Aluminum <input type="checkbox"/> Fuses/Arc Fuse
Are written leases in place for all tenants?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

SAFETY	Location 1	Location 2	Location 3	Location 4	Location 5
Smoke detectors (check all that apply)	Each Unit <input type="checkbox"/> Common <input type="checkbox"/> Reg Checked <input type="checkbox"/>	Each Unit <input type="checkbox"/> Common <input type="checkbox"/> Reg Checked <input type="checkbox"/>	Each Unit <input type="checkbox"/> Common <input type="checkbox"/> Reg Checked <input type="checkbox"/>	Each Unit <input type="checkbox"/> Common <input type="checkbox"/> Reg Checked <input type="checkbox"/>	Each Unit <input type="checkbox"/> Common <input type="checkbox"/> Reg Checked <input type="checkbox"/>
Smoke Detector Type (check all that apply)	Battery Op <input type="checkbox"/> Hardwired <input type="checkbox"/> None <input type="checkbox"/>	Battery Op <input type="checkbox"/> Hardwired <input type="checkbox"/> None <input type="checkbox"/>	Battery Op <input type="checkbox"/> Hardwired <input type="checkbox"/> None <input type="checkbox"/>	Battery Op <input type="checkbox"/> Hardwired <input type="checkbox"/> None <input type="checkbox"/>	Battery Op <input type="checkbox"/> Hardwired <input type="checkbox"/> None <input type="checkbox"/>
Indicate how the lease addresses animals. (check all that apply)	<input type="checkbox"/> Prohibited <input type="checkbox"/> Small Dog/cat <input type="checkbox"/> No Aggressive <input type="checkbox"/> By breed <input type="checkbox"/> Exotic	<input type="checkbox"/> Prohibited <input type="checkbox"/> Small Dog/cat <input type="checkbox"/> No Aggressive <input type="checkbox"/> By breed <input type="checkbox"/> Exotic	<input type="checkbox"/> Prohibited <input type="checkbox"/> Small Dog/cat <input type="checkbox"/> No Aggressive <input type="checkbox"/> By breed <input type="checkbox"/> Exotic	<input type="checkbox"/> Prohibited <input type="checkbox"/> Small Dog/cat <input type="checkbox"/> No Aggressive <input type="checkbox"/> By breed <input type="checkbox"/> Exotic	<input type="checkbox"/> Prohibited <input type="checkbox"/> Small Dog/cat <input type="checkbox"/> No Aggressive <input type="checkbox"/> By breed <input type="checkbox"/> Exotic
Is facility in compliance with all local/state codes for the following: (check all that apply)	<input type="checkbox"/> Secondary means of egress over 2 stories <input type="checkbox"/> Emergency Lighting <input type="checkbox"/> No wood burning stoves <input type="checkbox"/> No space heaters permitted <input type="checkbox"/> Currently tagged fire extinguishers	<input type="checkbox"/> Secondary means of egress over 2 stories <input type="checkbox"/> Emergency Lighting <input type="checkbox"/> No wood burning stoves <input type="checkbox"/> No space heaters permitted <input type="checkbox"/> Currently tagged fire extinguishers	<input type="checkbox"/> Secondary means of egress over 2 stories <input type="checkbox"/> Emergency Lighting <input type="checkbox"/> No wood burning stoves <input type="checkbox"/> No space heaters permitted <input type="checkbox"/> Currently tagged fire extinguishers	<input type="checkbox"/> Secondary means of egress over 2 stories <input type="checkbox"/> Emergency Lighting <input type="checkbox"/> No wood burning stoves <input type="checkbox"/> No space heaters permitted <input type="checkbox"/> Currently tagged fire extinguishers	<input type="checkbox"/> Secondary means of egress over 2 stories <input type="checkbox"/> Emergency Lighting <input type="checkbox"/> No wood burning stoves <input type="checkbox"/> No space heaters permitted <input type="checkbox"/> Currently tagged fire extinguishers

Swimming Pools - check all that apply

<input type="checkbox"/> Above Ground	#	Max depth:	Ft.	Do all have fence completely surrounding with a self-latching gate	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Below Ground	#	Max depth	Ft.	Do all have fence completely surrounding with a self-latching gate	Yes <input type="checkbox"/> No <input type="checkbox"/>

If Below Ground (answer all)

VGBA compliant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Swimming rules and regulations posted?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is safety equipment readily available on site?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is life- safety equipment readily available on site?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Diving Boards	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Maximum Height each:
Lifeguard on duty?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Employees <input type="checkbox"/> Independent Contractors (if independent, see below) <input type="checkbox"/> Have each under Written Contracts? <input type="checkbox"/> Require equal or greater limits than insured? <input type="checkbox"/> Require to name you as Additional Insured? <input type="checkbox"/> Obtain Certificates of Insurance on all security guards?

Security - check all that apply

<input type="checkbox"/> Armed	#	<input type="checkbox"/> Unarmed	#
<input type="checkbox"/> Employees <input type="checkbox"/> Independent Contractors	<input type="checkbox"/> Employees <input type="checkbox"/> Independent Contractors		
<input type="checkbox"/>	If Independent Contractors used, do you	<input type="checkbox"/> Have each under Written Contracts? <input type="checkbox"/> Require equal or greater limits than insured? <input type="checkbox"/> Require to name you as Additional Insured? <input type="checkbox"/> Obtain Certificates of Insurance on all security guards?	

Amenities - check all that apply

	Type	Base	Exposure		Type	Base	Exposure
<input type="checkbox"/>	Sport Courts	Number		<input type="checkbox"/>	Playgrounds	Number	
<input type="checkbox"/>	Trails	Miles		<input type="checkbox"/>	Street/Road	Miles	
<input type="checkbox"/>	Clubhouse	Square ft		<input type="checkbox"/>	Docks	Number	
<input type="checkbox"/>	Parks	Number		<input type="checkbox"/>	Hot Tubs	Number	
<input type="checkbox"/>	Jacuzzis	Number		<input type="checkbox"/>	Dams	Number	
<input type="checkbox"/>	Lake	Acreage		<input type="checkbox"/>	Ponds	Acreage	
<input type="checkbox"/>	Other:			<input type="checkbox"/>	Other:		

Hotel/Motel/Air BNB / Peer-to-Peer Rentals							
Question	Location 1	Location 2	Location 3	Location 4	Location 5		
Available Rentals? Check all that apply	<input type="checkbox"/> Hourly ___% <input type="checkbox"/> Daily ___% <input type="checkbox"/> Weekly _% <input type="checkbox"/> Monthly ___%	<input type="checkbox"/> Hourly ___% <input type="checkbox"/> Daily ___% <input type="checkbox"/> Weekly ___% <input type="checkbox"/> Monthly ___%	<input type="checkbox"/> Hourly ___% <input type="checkbox"/> Daily ___% <input type="checkbox"/> Weekly ___% <input type="checkbox"/> Monthly ___%	<input type="checkbox"/> Hourly ___% <input type="checkbox"/> Daily ___% <input type="checkbox"/> Weekly ___% <input type="checkbox"/> Monthly ___%	<input type="checkbox"/> Hourly ___% <input type="checkbox"/> Daily ___% <input type="checkbox"/> Weekly ___% <input type="checkbox"/> Monthly ___%	<input type="checkbox"/> Hourly ___% <input type="checkbox"/> Daily ___% <input type="checkbox"/> Weekly ___% <input type="checkbox"/> Monthly ___%	
In-room cooking allowed?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Exit doors open outward?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Evacuation route posted each room?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Recreational equipment rental?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If yes, Type						
	If yes, Gross Receipts	\$	\$	\$	\$	\$	
Restaurant services provided in building?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If yes, Gross Receipts	\$	\$	\$	\$	\$	
	% of Liquor Receipts	%	%	%	%	%	
	Automatic Extinguishing System (check all that apply)	<input type="checkbox"/> None <input type="checkbox"/> Wet ansul over all grease producing equipment <input type="checkbox"/> Dry ansul <input type="checkbox"/> Class K extinguishers <input type="checkbox"/> Semi-annual cleaning contract <input type="checkbox"/> Sprinklers	<input type="checkbox"/> None <input type="checkbox"/> Wet ansul over all grease producing equipment <input type="checkbox"/> Dry ansul <input type="checkbox"/> Class K extinguishers <input type="checkbox"/> Semi-annual cleaning contract <input type="checkbox"/> Sprinklers	<input type="checkbox"/> None <input type="checkbox"/> Wet ansul over all grease producing equipment <input type="checkbox"/> Dry ansul <input type="checkbox"/> Class K extinguishers <input type="checkbox"/> Semi-annual cleaning contract <input type="checkbox"/> Sprinklers	<input type="checkbox"/> None <input type="checkbox"/> Wet ansul over all grease producing equipment <input type="checkbox"/> Dry ansul <input type="checkbox"/> Class K extinguishers <input type="checkbox"/> Semi-annual cleaning contract <input type="checkbox"/> Sprinklers	<input type="checkbox"/> None <input type="checkbox"/> Wet ansul over all grease producing equipment <input type="checkbox"/> Dry ansul <input type="checkbox"/> Class K extinguishers <input type="checkbox"/> Semi-annual cleaning contract <input type="checkbox"/> Sprinklers	
Peer to Peer Rentals/Air BnB?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If yes (check all that apply)	<input type="checkbox"/> Cleaned by 3 rd party commercial cleaning company after every use <input type="checkbox"/> Provides COI naming applicant as add'l insured	<input type="checkbox"/> Cleaned by 3 rd party commercial cleaning company after every use <input type="checkbox"/> Provides COI naming applicant as add'l insured	<input type="checkbox"/> Cleaned by 3 rd party commercial cleaning company after every use <input type="checkbox"/> Provides COI naming applicant as add'l insured	<input type="checkbox"/> Cleaned by 3 rd party commercial cleaning company after every use <input type="checkbox"/> Provides COI naming applicant as add'l insured	<input type="checkbox"/> Cleaned by 3 rd party commercial cleaning company after every use <input type="checkbox"/> Provides COI naming applicant as add'l insured	

	<input type="checkbox"/> COI is required to have equal or greater limits than applicant <input type="checkbox"/> No individual room or bed rentals <input type="checkbox"/> This location is the owner's primary residence <input type="checkbox"/> The owner occupies the property or premises (main house, guest house, etc.) along with the guests <input type="checkbox"/> Communal living quarters (bedrooms, bathroom, or kitchen) are shared between the renter and other unfamiliar guests during their stay	<input type="checkbox"/> COI is required to have equal or greater limits than applicant <input type="checkbox"/> No individual room or bed rentals <input type="checkbox"/> This location is the owner's primary residence <input type="checkbox"/> The owner occupies the property or premises (main house, guest house, etc.) along with the guests <input type="checkbox"/> Communal living quarters (bedrooms, bathroom, or kitchen) are shared between the renter and other unfamiliar guests during their stay	<input type="checkbox"/> COI is required to have equal or greater limits than applicant <input type="checkbox"/> No individual room or bed rentals <input type="checkbox"/> This location is the owner's primary residence <input type="checkbox"/> The owner occupies the property or premises (main house, guest house, etc.) along with the guests <input type="checkbox"/> Communal living quarters (bedrooms, bathroom, or kitchen) are shared between the renter and other unfamiliar guests during their stay	<input type="checkbox"/> COI is required to have equal or greater limits than applicant <input type="checkbox"/> No individual room or bed rentals <input type="checkbox"/> This location is the owner's primary residence <input type="checkbox"/> The owner occupies the property or premises (main house, guest house, etc.) along with the guests <input type="checkbox"/> Communal living quarters (bedrooms, bathroom, or kitchen) are shared between the renter and other unfamiliar guests during their stay	<input type="checkbox"/> COI is required to have equal or greater limits than applicant <input type="checkbox"/> No individual room or bed rentals <input type="checkbox"/> This location is the owner's primary residence <input type="checkbox"/> The owner occupies the property or premises (main house, guest house, etc.) along with the guests <input type="checkbox"/> Communal living quarters (bedrooms, bathroom, or kitchen) are shared between the renter and other unfamiliar guests during their stay
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Apartments						
		Location 1	Location 2	Location 3	Location 4	Location 5
Property manager on premises?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes (check all that apply)	<input type="checkbox"/> Is a tenant <input type="checkbox"/> Is a 3 rd party off site manager <input type="checkbox"/> Manager has own insurance <input type="checkbox"/> Manager names applicant as AI <input type="checkbox"/> Manager provides COI w/equal or better limits	<input type="checkbox"/> Is a tenant <input type="checkbox"/> Is a 3 rd party off site manager <input type="checkbox"/> Manager has own insurance <input type="checkbox"/> Manager names applicant as AI <input type="checkbox"/> Manager provides COI w/equal or better limits	<input type="checkbox"/> Is a tenant <input type="checkbox"/> Is a 3 rd party off site manager <input type="checkbox"/> Manager has own insurance <input type="checkbox"/> Manager names applicant as AI <input type="checkbox"/> Manager provides COI w/equal or better limits	<input type="checkbox"/> Is a tenant <input type="checkbox"/> Is a 3 rd party off site manager <input type="checkbox"/> Manager has own insurance <input type="checkbox"/> Manager names applicant as AI <input type="checkbox"/> Manager provides COI w/equal or better limits	<input type="checkbox"/> Is a tenant <input type="checkbox"/> Is a 3 rd party off site manager <input type="checkbox"/> Manager has own insurance <input type="checkbox"/> Manager names applicant as AI <input type="checkbox"/> Manager provides COI w/equal or better limits

Student Housing						
		Location 1	Location 2	Location 3	Location 4	Location 5
	Percentage of total units	%	%	%	%	%
	If yes, check all that apply	<input type="checkbox"/> On Campus <input type="checkbox"/> Off Campus <input type="checkbox"/> Per Bed Rentals <input type="checkbox"/> Undergraduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Sorority/Frat <input type="checkbox"/> Summer vacancy	<input type="checkbox"/> On Campus <input type="checkbox"/> Off Campus <input type="checkbox"/> Per Bed Rentals <input type="checkbox"/> Undergraduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Sorority/Frat <input type="checkbox"/> Summer vacancy	<input type="checkbox"/> On Campus <input type="checkbox"/> Off Campus <input type="checkbox"/> Per Bed Rentals <input type="checkbox"/> Undergraduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Sorority/Frat <input type="checkbox"/> Summer vacancy	<input type="checkbox"/> On Campus <input type="checkbox"/> Off Campus <input type="checkbox"/> Per Bed Rentals <input type="checkbox"/> Undergraduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Sorority/Frat <input type="checkbox"/> Summer vacancy	<input type="checkbox"/> On Campus <input type="checkbox"/> Off Campus <input type="checkbox"/> Per Bed Rentals <input type="checkbox"/> Undergraduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Sorority/Frat <input type="checkbox"/> Summer vacancy
	# of Bedrooms per unit	#	#	#	#	#

# of students per unit	#	#	#	#	#
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Association Risks – Condominium/Townhome/Homeowners					
Question	Location 1	Location 2	Location 3	Location 4	Location 5
Is 100% of the building owner occupied?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, do the bylaws allow unit owners to rent out units?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what % units are available for rent?	%	%	%	%	%
Is membership voluntary?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Has the developer retained ownership or on Board of Directors?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If there is vacant land provide total acreage	#	#	#	#	#
Athletic teams sponsored?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
How many special events sponsored by association per year?	#	#	#	#	#

Mobile Home Parks or Campgrounds

Question	Location 1	Location 2	Location 3	Location 4	Location 5
Total # of spaces available	#	#	#	#	#
# of RV/Camp spaces	#	#	#	#	#
Are hookups provided? If yes provide receipts	Yes <input type="checkbox"/> No <input type="checkbox"/> Receipts: _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Receipts: _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Receipts: _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Receipts: _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Receipts: _____
Do you have owned mobile home units rented to others	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, % of unit: _____	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, % of unit: _____	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, % of unit: _____	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, % of unit: _____	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, % of unit: _____
Is the risk seasonal? If yes, provide season					
Equine exposures?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, any services available for hire?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Provide receipts for any of the following:

Convenience store	\$	\$	\$	\$	\$
Gas pumps	\$	\$	\$	\$	\$
Propane sales (not bulk)	\$	\$	\$	\$	\$
Recreational rentals	\$	\$	\$	\$	\$
Restaurant	\$	\$	\$	\$	\$
Liquor	\$	\$	\$	\$	\$

Any dumps or landfills on premises	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Rooming Houses / Halfway Houses

Question	Location 1	Location 2	Location 3	Location 4	Location 5
Total # of Beds	#	#	#	#	#
Check all that apply	<input type="checkbox"/> No court ordered placement <input type="checkbox"/> No drug treatment facility	<input type="checkbox"/> No court ordered placement <input type="checkbox"/> No drug treatment facility	<input type="checkbox"/> No court ordered placement <input type="checkbox"/> No drug treatment facility	<input type="checkbox"/> No court ordered placement <input type="checkbox"/> No drug treatment facility	<input type="checkbox"/> No court ordered placement <input type="checkbox"/> No drug treatment facility

	<input type="checkbox"/> Not a drug dispensary <input type="checkbox"/> Requires all tenants to be over 18 <input type="checkbox"/> Deadbolts provided on all rooms	<input type="checkbox"/> Not a drug dispensary <input type="checkbox"/> requires all tenants to be over 18 <input type="checkbox"/> Deadbolts provided on all rooms	<input type="checkbox"/> Not a drug dispensary <input type="checkbox"/> requires all tenants to be over 18 <input type="checkbox"/> Deadbolts provided on all rooms	<input type="checkbox"/> Not a drug dispensary <input type="checkbox"/> requires all tenants to be over 18 <input type="checkbox"/> Deadbolts provided on all rooms	<input type="checkbox"/> Not a drug dispensary <input type="checkbox"/> requires all tenants to be over 18 <input type="checkbox"/> Deadbolts provided on all rooms
Cooking allowed in the room?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Remarks Overflow

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.

Applicant's Signature _____ Date _____

Agent's Signature _____ Date _____



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