



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

MUSIC Vacant Buildings 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 is: Individual Corporation Partnership Joint Venture LLC 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: _____

Expected start date: _____ Expected completion date: _____

***NOTE: Buildings scheduled for demolition; Unsecured buildings; Buildings in poor conditions; Replacement cost; Bankrupt properties; Properties with existing fire or water damage; Buildings undergoing major renovation are PROHIBITED operations.**

Limits of Liability Requested	
Each Occurrence	\$ _____
Personal & Advertising Injury	\$ _____
Products & Completed Operations Aggregate	\$ _____
General Aggregate	\$ _____
Damages to Premises Rented to you	\$ _____
Medical Expense (any one person)	\$ _____
Other Coverages, Restrictions, or Endorsements requested:	
Deductible \$ _____	BI/PD per Claim - LAE

Describe General Condition of the Building _____



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Vacant Buildings Questionnaire

#	Location	Construction Type	Age of Bldg.	No. of Stories	Vacant Since
1					
2					
3					

#	Prior Location or Occupancy	Current Use of Building
1		
2		
3		

ACV written on form indicated below: Basic Broad Special Utilities

currently active: Gas Electric Water

Estimated cost for renovation/construction operations for the next 12 months? \$ _____

For the entire project? \$ _____

Who is performing the work? (Licensed contractor, applicant acting as GC, etc.) _____

What are the future plans for the building (resale, lease, renovate, demolish, etc.)? _____

If demolished or remodeled, please describe the work that will be done: _____

Will applicant occupy the building upon completion? Yes No

Are premises being converted to apartments, condominiums or town homes? Yes No

Is the building completely vacant? Yes No

If No, please provide what part is occupied: _____

Are regular safety checks made? Yes No

If yes, how often? (provide timeline) _____

Is the location boarded up, locked, fenced or alarm system in place? _____

Is there a 24 hour security on-site? Yes No

Has the property been condemned or anticipate condemnation during policy term? Yes No

Does the property have any existing water or fire damage? Yes No

Is scaffolding owned, rented or erected by the applicant? Yes No

Is the property in bankruptcy, Chapter 7, or Chapter 11? Yes No

Describe the condition of surrounding neighborhood(s) and of the building(s): _____

Describe any areas occupied or leased to others: _____

Total Square Ft. (per occupied or leased area): _____

Advise if any insurance is not currently in place due to potential moral hazard: _____



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- Are certificates of insurance obtained from contractors &/or subcontractors? Yes No
- Is a contract containing a hold-harmless clause holding applicant harmless obtained? Yes No
- If applicant is acting as the general contractor, does he or she obtain a written contract from all subcontractors which include a hold harmless in favor of the applicant? Yes No
- Is applicant named as an additional insured on the subcontractor's policy? Yes No

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.



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Applicants Signature _____

Date _

Agents Signature _____

Date _