

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

CONTRACTOR SUPPLEMENTAL								
APPLICANT INFORMATION								
Name:								
Mailing Address:								
Proposed Eff Date:	Web	site:						
From: To:	Years in Business:			Years Experience:				
	□ Part	•		☐ Joint Venture		☐ Corporation	on	
•	☐ Limi	ted Corporatior	1	☐ Not for Profit		□ Other		
DESCRIPTION OF OPERATIONS								
REVENUE / SUBCONTRACTORS								
		Projected		Prior Year		Prior Year		
Gross receipts:		Projected	ı	Prior rear		TIOI Teal		
Subcontracted cost:								
Employee payroll (not incl insure	pd).							
Employee payron (not mer moure	.uj.	<u>!</u>						
Liability limits required of subcontractors?		□ \$30	0,000	□ \$500,000		□ \$1,000,00	0	
Insured listed as an additional insured?		☐ Yes		□ No				
Hold harmless agreement with subcontracto	rs?	☐ Yes		□ No				
<u>Project History</u>								
Description				Cost		Duratio	n	
			\$					
1 2 3			\$		_			
3			\$		_			
4			\$		_			
5			\$		_			
Type of Work								
Yes No New Reno	% of				Yes	No % of		
1-4 Family Dwellings 🔲 🗎 🗎 🔻		%		e/Mercantile Bldgs.			%	
Apartments		<u></u> %		utional Buildings			%	
Condominiums		<u></u> %		strial Buildings			%	
Townhouses 🗆 🗆 🗆		%	Othe	r			%	
Miscellaneous								
	Yes	No				Yes	No	
Airport Facilities			Pipel	ine Construction				
Street, Road or Highway Construction			Pollution Abatement					
Blasting or Explosion Hazard				ng Under Streets or R	oads			
Boiler Inspection, Service or Repair				er Construction				
Race Track or Stadium Construction				on or Cofferdam Wo	rk			
Bridge or Elevated Highway Construction				oment Rental				
Waste & Reclamation Facilities ☐ Cantilevered Construction ☐				er Main Construction				
				Construction				
Pier or Wharf Construction				el Construction				
Pile Driving Power Generating Facilities			rdIIf(oad Construction				



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iscellaneous	cont'd										
What is the	e maximum number of ir	ndividual unites th	e applicant will b	uild in any one devel	opment?						
	he total projected annua			•	•						
	plicant ever been involve				nouses?	П	Yes		No		
					100303:		103	Ш	110		
ss summary	(please attach company	generated hard co	opy loss runs with	this application)							
Year	Year Carrier Premium #		# of Claims	# of Claims Incurred			Comments				
lditional Und	lerwriting Questions										
Is the appli developme	cant involved (past, present of, more than 10 singent, in any one year? *Un	le family dwelling	s, town home un	ts or condominium ι			Yes		No		
Does the applicant's cost of subcontractors exceed 30% of gross receipts?							Yes		No		
Do the applicant's gross receipts exceed \$3,000,000 for any one given year?							Yes		No		
O Has the applicant been in business less than a year with less than 2 years experience?							Yes		No		
Are any of the applicant's operations in Arizona, California, Colorado or Nevada?							Yes		No		
Has the applicant had any OSHA violations?							Yes		No		
o Is the applicant a general contractor, real estate developer or construction manager?							Yes		No		
O Has the applicant ever been named in a suit for defective workmanship?							Yes		No		
O Does the applicant own real estate development property?							Yes		No		
Does the applicant employ architects or engineers?							Yes		No		
	pplicant have any currer IFS/synthetic stucco)?	t or prior projects	s involving use of	exterior insulation a	nd finish		Yes		No		
insurance and comp in the	oplicant agrees, represer e, including all statemen elete and no facts have b application for insuranc n and documents accom	ts, information an een suppressed, c e, whether by om panying or relatir	d documents accommitted or misstantission or suppressing to the application	ompanying or relatir ted. Failure to fully d sion, or any mis-repr	ig to the applic isclose the info esentation in t	atioi rma he si	n are a tion re tatem	accur eque ents,	ate sted		
Signature of Applicant **				Date							
	Agent			Date							

 $[\]hbox{**Signing this application does not bind the applicant of the company to complete the insurance}\\$