



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

EQUIPMENT SHORT TERM RENTAL APPLICATION

CONTACT PERSON _____ *DATE* _____

AGENCY _____

INSURED _____

ADDRESS _____

CITY/STATE _____

EFFECTIVE DATE REQUESTED _____

EXPIRATION DATE REQUESTED _____

Description of Unit to include Year, Make & Model, Serial Number

LIMIT OF INSURANCE _____ *DEDUCIBLE* _____

PREMIUM CHARGE (Fully Earned) _____

LIST LOSS PAYEE *ADDITIONAL INSURED (Circle whichever applies)*

Planned Use of Equipment _____

Business of Insured _____ *# Yrs. Experience* _____