

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

HOME REMODELING CONTRACTORS GENERAL LIABILITY APPLICATION

PREQUALIFICATION (Refer to the section of the Underwriting Guide for additional restrictions)					
1.	Are you involved (past, present or intended future) in any new residential construction of single				
	family dwellings, townhomes or condominiums?				
2.	Does your cost of subcontractors exceed 50% of gross receipts?				
3.	Do your receipts exceed \$500,000?				
4.	Have you been in business less than a year with less than 2 years experience?				
5.	Have you had any losses?				
6.	Have you had OSHA violations?				
7.	Are you a real estate developer or construction manager?				
8.	Have you been named in a suit for defective workmanship?				
9.	Do you employ architects or engineers?				
10.	Do you have any current or prior projects involving the use of exterior insulation and finish systems				
	(EIFS aka synthetic stucco)?				
11.	Do you do any underground foundation work?				
12.	Do any of your jobs only involve roofing, siding, electrical, plumbing or any other specialized trade?				
13.	Is the majority of your work remodeling townhomes or condominiums?				
	IF YES TO ANY OF THE ABOVE, THE RISK IS NOT ELIGIBLE.				

1.	Named Insured:								
2.	Mailing Address Street	City	County S	tate	ZIP Code				
3.	Effective Date Desired:	Term Desired:							
4.	Applicant is: Individual Partnership	Corporation	LLC 🗌 Trust						
	Other (specify):								
	If more than one entity, include the ownership breakdown and a description of operation for each.								
	Contact Name:	Title:	Phone No.:						
	(List additional locations on sepa	arate page.)	Occupancy	Own	Lease				
5.	Location of premises: Same as ma	iling address							
6.	Describe your operations:								

Years of experience in this field:

Years in business:

7. PRIOR INSURANCE CARRIER AND LOSSES WHETHER COVERED BY INSURANCE OR NOT FOR THE PAST THREE FULL YEARS:										
	Year Carrier/Policy Number/ Premium # of Coverage # of Losses Description (Use separate sheet)									
	Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?									
8.	Percent	of your v	vork performed	by or on	behalf of the nan	ned insured:				
	a. New	v Constru	uction: %		Remodeling*:	%	Repairs:	% = 100%		
		side Buil	<u>v</u>		Inside Building:		= 100%			
					e of remodeling t ction building or			rebuild, tenant ictural remodels,	, etc.):	
9.	a. Do y		est certificates of	☐ Yes of insura	□ No If yes: nce from subcont	ractors?	Yes N	lo		
	c. Des	cribe all	contracts and/o	r hold ha	armless agreemer	nts, whether	written or oral:			
10.	CERTIF		RECIPIENTS/A	DITION	AL INTERESTS					
NAME & ADDRESS INTEREST									ADD'L NSURED	
11.	Provide	the follow	wing information		ide payroll of own	er(s), clerica	al, sales			
	Year		*Total Payroll		al Costs of Work ontracted to Other	s Type	Work Subcontr	acted to Others	Total	Receipts
	Curren	t Est.								
	1 st Prio	or								
	2 nd Pric									
	3 rd Prio									
	4 th Prio	r								
 Do you draw plans, designs or specifications? Do you do excavation, tunneling, underground work or earth moving? Do you perform operations that include blasting or utilize explosive material? Do you rent or loan machinery or equipment to others? Have you ever sold, acquired, or discontinued any operations in the last 5 years? 						Yes	No			
	17. Attach a list of jobs completed in the last 3 years and jobs currently in progress. COMMENTS/EXPLANATIONS									
		5/EXPLA								

COVERAGES/LIMITS							
Premises Operations	\$	General Aggregate					
Products-Completed Operations	\$	Products/Completed Operations Aggregate					
Personal and Advertising Injury	\$	Personal and Advertising Injury					
Contractual Liability	\$	Each Occurrence					
Damage to Premises Rented to You	\$	Damage to Premises Rented to You					
Medical Payments	\$	Medical Payments					
Annual payroll:		Gross sales:					
# of employees:		# of owners:					

Each location must have a classification with a premium basis listed below.

SCHEDULE OF HAZARDS								
LOC		CLASS	PREMIUM		RA	PRE	REMIUM	
#	CLASSIFICATION	CODE	BASIS	TERR.	PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
			 (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other 		(s) per \$1,000 (p) per \$1,000/pay (a) per 1,000 sq. ft. (c) per \$1,000 cost (t) per unit			

DECLARATION

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statements may be guilty of insurance fraud and subject to fines and/or imprisonment.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

Signature of Applicant	Title	Date
Signature of Producing Agent		Date

Agent Name and Address

NOTE: Applicant's signature REQUIRED