



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

BUILDERS RISK PROGRAM APPLICATION

APPLICANT NAME: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax: _____ Email Address: _____

Policy Term: _____ Location of Property: _____

PROPERTY

New Construction: _____ Renovation: _____ Addition: _____

Current Value \$ _____ Value of Renovation/Addition \$ _____

Property Limit Requested: Building \$ _____ (100% Coins unless indicated)

Perils Requested: Fire: _____ E.C.: _____ Vandalism: _____ Other: _____

Deductible \$ _____

LIABILITY

General Liability Limits:

Occurrence: \$ _____ Personal/Advertising: \$ _____

General Agregate: \$ _____ Medical Payments: \$ _____

Products: \$ _____ Fire Legal: \$ _____

GENERAL INFORMATION

Year Built: _____ Year Renovated: _____ Year Systems Upgraded: _____

No. of Stories: _____ Construction Type: _____ Year Roof Replaced: _____

Intended Disposition of Property (i.e., sell, rent, occupy): _____

Describe neighborhood - i.e., rural, commercial, residential: _____

THREE YEAR LOSS EXPERIENCE

Date

Losses (description and amounts paid and incurred)

<u>Date</u>	<u>Losses (description and amounts paid and incurred)</u>
_____	_____
_____	_____
_____	_____

Bankruptcy Status: _____ Previous Carrier: _____

Mortgagee Name: _____ Mortgagee Address: _____

Other pertinent information: _____

Applicant Signature & Date

Producer Name & Address