

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

## **GROUND UP COURSE OF CONSTRUCTION APPLICATION FORM**

THE ANSWERS TO THESE QUESTIONS FORM PART OF AN APPLICATION FOR INSURANCE ONLY. NOTHING IN THIS APPLICATION SHALL BE DEEMED AN AGREEMENT TO PROVIDE INSURANCE AND UNDERWRITERS MAY DECLINE TO OFFER COVERAGE OR OFFER COVERAGE ON TERMS THAT DIFFER FROM THE COVERAGE SOUGHT BY THE APPLICANT.

	ELIGIBILITY	MOESTIONS				
In which state is the property to be insured:						
2. Please confirm the type of property to be insured:	Residential	Commercial	Farm	Other		
<b>3.</b> Has the applicant had any policy of property insurance years? (other than vacancy)	e refused, cancelle	ed or non-renewed	I in the past	3 (three)	Vaa	Nia
4. Has the applicant ^ç^!Ápeen a ç[ ç^åÁş Áæ) Áæà \!`]	c&^ Á;¦[ &^^åð] * • Ásc	)åĐp¦Á&[}çã&c^åÁ[~	Áad-•[}Á∖¦ãj•	* ¦æ) &^Á¦æ åÑÁ	Yes	No
<b>5.</b> Is the property to be insured subject to mortgage fored	closure proceeding	gs or tax liens?				
<b>6.</b> Is the property to be insured subject to more than two provided by an individual or entity other than a financial in		other encumbranc	es, OR one	(1) mortgage		
7. Is the new construction located in a high crime neighb	ourhood?					
8. Will the new structure exceed 3 (three) stories or 20,00	0 square feet?				V	
9. Has the construction work already begun?					Yes	No
10. Does the new construction involve: (1) one or more p more parts of a structure built with an open pier or a stilt; structure that is a mobile home, a dome home, a row hom home, an experimental home or any other non-convention	; (3) a structure tha me, a town home,	it is modular or ma	nufactured;	or (4) a		
11. Does the construction work involve any of the followir structure, lead, asbestos or other pollutant abatement?	ng: demolition or u	nderpinning of an	existing build	ding or		
<b>12</b> . Is the property to be insured located in a landslide are brush clearance?	ea, forest fire area	, or brush fire area	a with less th	nan 200 feet of		
13. Does the applicant own the property to be insured?					Yes	No
14. Is the applicant acting as Contractor?					Yes	No
15. Are all relevant permits in place and is the Contractor	licensed?				Yes	No
16. Do you presently possess a written contract with the	Contractor that the	e Contractor has e	xecuted?		Yes	No
17. Are there any agreements (including but not limited to provision) in place which would relieve any contractors of	o hold harmless, wa	aivers of subrogati	on or any o	ther contractual	Yes	No
18. Are there any documents providing a breakdown of the	ne projected cost o	of the work?			Yes	No
<b>19.</b> Does the Contractor carry commercial general liability insurance coverage with a minimum occurrence limit of \$1,000,000? Has the Contractor provided a certificate of insurance and proof that insurance is in effect for the work to be performed for the applicant?					Yes	No
20. Is the applicant named as an Additional Insured on C	ontractor general	liability policy?			Yes	No
21. Will the property be secured against unauthorized en unattended?	try throughout the	policy period whe	n the proper	rty is	Yes	No
22. Is the applicant performing any of the work?					Yes	No
23. Is the property a Condo Association?					Yes	No

## **APPLICANT DETAILS** Name and Mailing Address of Applicant: State\_ Zip code\_ Telephone Email Address of Property to be Insured: State Zip code Name and Address of Retail Broker: State Zip code **CONTACT DETAILS** Contact Name Email Telephone **COVERAGE AND PROPERTY DETAILS** 24. Period of Insurance: 3 Months 6 Months 9 Months 25. Enter Protection Class: Annual **26.** Completed Value of newly constructed building: 27. Total Square Footage of Proposed Final Structure: 28. Construction Type: Fire Resistive Frame Joisted Masonry Masonry Non Combustible Modified Fire Resistive Non Combustible 29. Are there any Other Structures to be insured: Yes 30. Value of Other Structure(s): No **31.** Please provide a brief description of the other structure: 32. Number of Floors: \$1,000 \$2,500 \$5,000 33. Wind Hail Deductible per occurrence: \$7,500 \$10,000 \$15,000 \$25,000 34. All Other Perils Deductible: \$7,500 \$10,000 \$15,000 \$25,000 \$1,000 \$2,500 \$5,000 35. Type of Quote: Basic Special 36. Estimated Renovation or Construction Work Project Costs: 37. Basis of Loss Settlement: **RCV** ACV 38. Description of New Construction Works: 39. What is the CGL Limit carried by the Contractor: 300k 500k 1m 40. Is Vandalism and Malicious Mischief cover required: Yes No 41. Do you wish to buy coverage for Theft of Building Materials: Yes No 42. Is the property properly secured against unauthorized entry? Yes Nο 43. Coverage provided: Sub limit: \$25,000 occurrence/aggregate Deductible: \$2,500 each and every occurrence Additional Premium: \$250. Yes Do you wish to purchase? No Yes Nο 44. Is TRIPRA coverage required: 45. Premises Liability: No 46. Premises Liability Limits:

\$500,000

\$1,000,000

\$100,000

\$300,000

47. Please select type of Security at Location to be insured: Fenced and/or Gated Guarded Automatic Sprinkler System	
Active Central Station Fire Alarm Active Central Station Burglar Alarm Lighting on property location None	
<b>48.</b> Have there been any insured or uninsured losses at the location where the new construction is planned to be insured? Yes No	
Describe all prior losses or claims including the date, the nature or occurrence, the status, the amount, and whether the damage has been repaired:	_
49. Prior use of Land, when last occupied:	-
50. If required, please enter details of Additional Insured:	_
DECLARATION	
THE ANSWERS GIVEN IN THIS APPLICATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THESE ANSWERS WILL FORM PART OF A POLICY THAT IS SUBSEQUENTLY OFFERED. I ALSO UNDERSTAND THAT ANY FALSE STATEMENT MAY VOID THE INSURANCE IN ITS ENTIRETY OR RESULT IN A CLAIM BEING DENIED.	
ANY PERSONWHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH I CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OK, OR, VT FORWHICH SEE ATTACHED). IN DC, LA, ME, TN AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED.	
Applicant's Signature Retail Broker's Signature	
Date Date	