

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

DWELLING APPLICATION FORM

ELIGIBILITY QUESTIONS

Yes

No

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.

1. Do you have more than one Dwelling location to insure?

2. In which state is the property to be insured:		
3. Has the applicant had any application of property insurance refused, cancelled or non-renewed in the past 3 (three) years? than vacancy)		No
	163	NO
If the answer above is Yes, were they for any of the following reasons only:		
Insurer no longer writing class of business?Insurer no longer writing class of business in territory?	Yes	No
- Risk no longer qualifying for an Admitted Carrier program?		
- Loss History?		
4. Has the applicant ever been involved in any bankruptcy proceedings and/or convicted of arson or insurance fraud?		
5. Have there been more than three (3) losses, claims or circumstances, OR one (1) loss, claim or circumstance exceeding\$25,000, at the property to be insured or any other property owned/rented by applicant in the past three (3)years, excluding natural catastrophe events?	Yes	No
6. Is there an open or unresolved loss, claim or circumstance involving the property to be insured?		
7. Has the applicant had more than two water damage claims in the past five years?	Yes	No
8. Does the property have any galvanized plumbing pipes?	Yes	No
9. Is the property to be insured subject to mortgage foreclosure proceedings or tax liens?		
10. Is there any existing structural damage to building(s) to be insured?		
11. Is the property to be insured subject to more than two (2) mortgages or other encumbrances, OR one (1) mortgage provious individual or entity other than a financial institution?	ded by a	an
12. Is the property attached to, occupied as, or converted from a commercial building?		
13. Is the property to be insured a Rooming House, Boarding House or used for Student Housing?		
14. Is the property to be insured located in a landslide area, forest fire area, or brush fire area with less than 200 feet of brush of	clearanc	e?
15. Has the property to be insured either been condemned or scheduled for demolition?		
16. Are there any evictions taking place or scheduled to take place at the property to be insured?	Yes	No
17. Is the property to be insured recognized as a historical property/building or listed on the National Register of Historic Places	s?	
18. Is there wood shake roofing on any of the property to be insured?	,.	
19. Does the property have any knob & tube aluminum wiring or is on fuses?		
20. Does any wiring at the property have less than 100amp circuit breakers?		
21. Are kerosene, paraffin, or portable space heaters used?		
22. Is the property situated on more than 25 acres?		
zz. is the property situated on more than 25 doles:		
23. Is there a wood stove on the premises?	Yes	No
24. Is the wood-stove the primary source of heat?	Yes	No
25. Is the property an earth home, dome home, open pier or stilt home?	Yes	No
26. Is the property farm, hobby farm or any non-conventional dwelling?	Yes	No
27. Is the structure a manufactured home?	Yes	No
28. Is the manufactured home on a permanent foundation or secured to the ground with approved-tie downs and anchors, and does the manufactured home have permanent skirting?	Yes	No
29. Is the property to be insured undergoing any renovation or construction work of any kind, or is any such work due to commence while insurance is in effect?	Yes	No
30. Is the renovation or construction work (i) being performed by a contractor or owner where project costs exceed \$150,000; or involve structural repairs being performed by any person?	or (ii) Yes	No
31. Is the property a Condo Association?	Yes	No

GENERAL DETAILS

Name and Mailing Address of Applica	nt:			_
	State		Zip code	
Telephone	Email			_
Address of Property to be Insured:				_
	State		Zip code	- -
Name and Address of Retail Broker:				_
	State	Zip co	ode	
	CONT	ACT DETAILS		
Contact Name				_
Telephone	E	Email		_
	COVERAGE A	AND PROPERTY DETA	LS	
22. What type of cover would you like:				
4. Please select Type of Occupancy: thort Term and/or Vacation Rental 5. Please confirm all rentals are of min II owners and tenants? (Applicable f	Owner Only Tenant Only nimum two nights with a security of		,	No
6. Please select Type of Dwelling:7. Is Condominium Unit Owners Cove8. Total square footage of building to	•	Three Family Four	Family Five or More	
89. Construction Type: Frame Joisted Masonry Mason 10. Year Built: 12. Age of building based on year built. 14 and plumbing upgrade has occured? 15. When was the roof last replaced?	Amend if full electrical 0-40	bustible Modified Fir if Building to be covered 0 Years 41-50 Years 0 Years 11-35 Years	: 0-40 Years 41-50 Years Over 5 Over 50 Years	60 Years
4. Would you like to apply a roof exclu 4b. Basis of Loss Settlement for Roof.	3011: 103 140	-	ly a cosmetic roof exclusion ? Yes No Dwelling to be insured:	_
6. Is Coverage B – Other Structures of7. Is Coverage C – Personal Property	•	47- \/-	of Coverage B – Other Structures: of Coverage C – Personal Property:	
8. Do you need Personal Property The		No 47a. value	or doverage o – r craonar reperty.	
8a. Please select Personal Property T		0,000 \$15,000	\$25,000	
8b. Please select Personal Property T	heft Coverage Deductible: \$2,50	00		
9. If available, is Coverage D – Fair Ro	ental cover required? Yes	No 49a. Value	of Fair Rental:	_
60. If available, is Coverage E – Additional L		red? Yes No		
52. Is RT house undergoing renovation		Yes	No	
3. Basis of Loss Settlement		ACV	RCV	
Mould you like to apply a Vandalish	n & Malicious Mischiof Exclusion	2 Yes	No	

ATR – 59 Dwelling Application Page 2 of 4

COVERAGE AND PROPERTY DETAILS (continued)

					-	-
54a. Please select Va	ndalism & Malicio	us Mischief sub-limit op	otion			
Full Limit	\$5,000	\$10,000	\$15,000		\$25,000	
i 4b. Please select Va	ndalism & Malicio	us Mischief Deductible	:			
\$1,000	\$2,500	\$5,000	\$10,000		\$15,000	\$25,000
55. Would you like to	apply a Coverage	A Theft Exclusion?	Yes	No		
55a. Please select a 0	Coverage A Theft	sub limit option				
Full Limit	\$5,000	\$10,000	\$15,000		\$25,000	
55b. Please select a C	overage A Theft I	Deductible:				
\$1,000	\$2,500	\$5,000	\$10,000		\$15,000	\$25,000
66. Would you like to	apply a Water Dar	mage Exclusion	Yes	No		
6a. Please select a V	Vater Damage sub	limit option:				
Full Limit	\$5,000	\$10,000	\$15,000		\$25,000	
66b. Please select a V	Vater Damage De	ductible				
\$1,000	\$2,500	\$5,000	\$10,000		\$15,000	\$25,000
57. Would you like to			Yes	No		
57a. Please select a N	_	b limit option				
\$5,000 	\$10,000	04.000				
7b. Please select a l	Nold Coverage De	eductible \$1,000				
58. Wind and Hail De	ductible per occur	rence:				
\$1,000	\$2,500	\$5,000	\$10,000			
59. All Other Perils De	ductible per occu	rrence:				
\$1,000	\$2,500	\$5,000	\$10,000			
60. Which type of quo	te do you require'	? DP	1 DP3			
61. Is there a wood st	ove on the premis	ses? Yes	s No			
62. Would you like to	buy coverage for	the peril of Earthquake	? (applicable	for CA	quotes only)	Yes No
63. Premises Liability	: Yes	No				
64. Premises Liability	Limits:					
\$25,000	\$50,000	\$100,000	\$300,000		\$500,000	\$1,000,000
	ed on more than f	ive acres? Yes	No		, ,	
65. Is dwelling situat						
		-25 25+				
	es? 6-15 16-	-25 25+				
65a. How many acr	es? 6-15 16- e use of land:	25 25+ ne swimming pool liabili	ty?Yes No)		
65a. How many acr	es? 6-15 16- use of land: uy coverage for th	e swimming pool liabili	ty?Yes No)		
65a. How many acr 65b. Please describe 66. Do you want to b 66a.Is it fenced and	es? 6-15 16- e use of land: uy coverage for th does it have a sel	e swimming pool liabili	No	\$50,00	0 \$100,000	
66. Do you want to be 66a. Is it fenced and 66b. What limit would	es? 6-15 16- use of land: uy coverage for the does it have a sel d you like for swim	ne swimming pool liabili	No 25,000		0 \$100,000	

ATR – 59 Dwelling Application Page 3 of 4

COVERAGE AND PROPERTY DETAILS (continued)						
69. Is Work being undertaken by a Contractor?	Yes	No				
70. What CGL Limit carried by the Contractor?	\$300,000		\$500,000	\$1,000,000		
71. Have there been any insured or uninsured property	or liability lo	osses a	at the property t	o be insured since the applicant has owned		
the property? Yes No						
Describe all prior losses or claims including the date, the repaired:	e nature or o	occurr	ence, the status	, the amount, and whether the damage has been		
<u> </u>						
72. Identify all mortgagees, lien holders and additional lo	ss payees	(if any	, including acco	ount numbers and outstanding amounts):		
	DECLAR	ATION				
THE ANSWERS GIVEN IN THIS APPLICATION ARE C ANSWERS WILL FORM PART OF A POLICY THAT IS						
MAY VOID THE INSURANCE IN ITS ENTIRETY OR RESULT IN A CLAIM BEING DENIED.						
ANY PERSON WHO 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 IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR, VT FOR WHICH SEE ATTACHED). IN DC, LA, ME, TN AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED.						
Applicant's Signature			Retail Broke	r's Signature		
Date			Date			

ATR – 59 Dwelling Application Page 4 of 4