NEW ENGLAND EXCESS EXCHANGE

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

SUPPLEMENTAL PARTIALLY OCCUPIED COMMERCIAL 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.

OCCUPANCY

Please enter the % (square feet) of building occupied: _____

Total Number of units: _____

Total Number of units occupied: _____

Number of Tenants _____

Please confirm Tenant Lease Agreement requires all Tenants to have Commercial General Liability Insurance including Fire Damage Legal Liability: Yes ☐ No ☐

Please confirm that applicant is named as an Additional Insured on Tenant Policies: Yes ☐ No ☐

Please confirm that all vacant units are locked and secured against unauthorized entry: Yes ☐ No ☐

Please confirm that all occupied units are locked and secured against unauthorized entry when business closed or when location left unattended: Yes ☐ No ☐

Do any of the tenants create an increase in property or liability hazard? If Yes please describe: Yes ☐ No ☐

PLEASE LIST TENANT DETAILS

Business Name	Business Description	% of Building Occupied (sq ft)
1.		
2.		
3.		
4.		
5.		

If there are more tenants please add them on a separate sheet in the above format.

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 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 Broker's Signature_____

Date_____ Date_____