



DWELLING SUPPLEMENTAL APPLICATION

(Complete in addition to Acord App)

APPLICANT INFORMATION:		
Name:		
Policy Period:	From:	To:
Mailing Address:		

PROPERTY LOCATIONS:	
Loc. No.	Street Address, City, State, Zip
1.	
2.	
3.	
4.	
5.	

DESCRIPTION OF LOCATIONS:		Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4	Loc. No. 5
Check box if applicable to all locations	<input type="checkbox"/>					
Number of Families?						
Percentage occupied?						

Wiring - Confirm if any are present:		Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4	Loc. No. 5
Fuses?	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Knob & Tube?	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Circuit Breakers?	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
(If YES, mark any of the following)						
- Challenger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Federal Pacific Stab-Lok	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- GTE Sylvania	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Pushmatic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Zinsco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- None of the Above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aluminum Wiring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If YES, repaired via Copalum or Alumniconn connectors?	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Handicapped/Disabled Housing Facility	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Assisted Living or Dedicated Senior Housing?	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Any College/University students?	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If YES, what %						
Any Subsidized Housing?	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If YES, what %						
Is this a rooming or boarding house?	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Is this a fraternity or sorority house?	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Any plans for major renovations (cost more than 20% of building value?)	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If work subbed out, are COI's obtained from contractors? <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Are there smoke detectors on every level of each living unit?	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If YES, are procedures in place to ensure units are fully operational?	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

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DESCRIPTION OF LOCATIONS:		Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4	Loc. No. 5
Check box if applicable to all locations						
Secondary means of egress if over two stories? <input type="checkbox"/> N/A	<input type="radio"/>	OYes ONo	OYes ONo	OYes ONo	OYes ONo	OYes ONo
Any lake or pond exposure?	<input type="radio"/>	OYes ONo	OYes ONo	OYes ONo	OYes ONo	OYes ONo
Are procedures in place to ensure adequate snow and ice removal, where applicable? <input type="checkbox"/> N/A	<input type="radio"/>	OYes ONo	OYes ONo	OYes ONo	OYes ONo	OYes ONo
Any prior history of bedbugs or other bug infestations?	<input type="radio"/>	OYes ONo	OYes ONo	OYes ONo	OYes ONo	OYes ONo
Any owned docks/boat slip?	<input type="radio"/>	OYes ONo	OYes ONo	OYes ONo	OYes ONo	OYes ONo
If YES, describe:						
Any recreational equipment (kayaks, boats, etc.)	<input type="radio"/>	OYes ONo	OYes ONo	OYes ONo	OYes ONo	OYes ONo
If YES, describe:						
Is there a whirlpool or hot tub on premises?	<input type="radio"/>	OYes ONo	OYes ONo	OYes ONo	OYes ONo	OYes ONo
Is there a trampoline on premises?	<input type="radio"/>	OYes ONo	OYes ONo	OYes ONo	OYes ONo	OYes ONo
Is there a swimming pool on premises?	<input type="radio"/>	OYes ONo	OYes ONo	OYes ONo	OYes ONo	OYes ONo
If YES:						
Diving Board?	<input type="radio"/>	OYes ONo	OYes ONo	OYes ONo	OYes ONo	OYes ONo
Slide?	<input type="radio"/>	OYes ONo	OYes ONo	OYes ONo	OYes ONo	OYes ONo
Depth Marked?	<input type="radio"/>	OYes ONo	OYes ONo	OYes ONo	OYes ONo	OYes ONo
Non-Slip Surface?	<input type="radio"/>	OYes ONo	OYes ONo	OYes ONo	OYes ONo	OYes ONo
Pool completely fenced w/self-locking gate?	<input type="radio"/>	OYes ONo	OYes ONo	OYes ONo	OYes ONo	OYes ONo
Life Safety Ring Buoy?	<input type="radio"/>	OYes ONo	OYes ONo	OYes ONo	OYes ONo	OYes ONo
Does the pool comply with the requirements of the Federal Virginia Graeme Baker Pool & Spa Safety Act?	<input type="radio"/>	OYes ONo	OYes ONo	OYes ONo	OYes ONo	OYes ONo
SHORT-TERM RENTALS						
Are there more than 5 dwellings rented on a short-term basis?						OYes ONo
Is the applicant the property owner?						OYes ONo
Do gross sales for all rental units exceed \$100,000 annually?						OYes ONo
		Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4	Loc. No. 5
Rented to others on a short-term basis?	<input type="radio"/>	OYes ONo	OYes ONo	OYes ONo	OYes ONo	OYes ONo
Rented to others for more than 30 days at a time?	<input type="radio"/>	OYes ONo	OYes ONo	OYes ONo	OYes ONo	OYes ONo
Does each unit have its own entrance?	<input type="radio"/>	OYes ONo	OYes ONo	OYes ONo	OYes ONo	OYes ONo
Is each unit occupied solely by the rental group?	<input type="radio"/>	OYes ONo	OYes ONo	OYes ONo	OYes ONo	OYes ONo
Are there written procedures in place outlining safe transferring of keys and/or access codes to ensure prior guests do not have access after their stay?	<input type="radio"/>	OYes ONo	OYes ONo	OYes ONo	OYes ONo	OYes ONo
Dwelling over 5,000 square feet or able to sleep more than 8 people?	<input type="radio"/>	OYes ONo	OYes ONo	OYes ONo	OYes ONo	OYes ONo
Are renters allowed to host banquets or receptions on premises?	<input type="radio"/>	OYes ONo	OYes ONo	OYes ONo	OYes ONo	OYes ONo
If YES, describe:						

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Are renters allowed use of any equipment provided by the applicant?	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If YES, describe:						
If dwelling is left vacant or unoccupied in a cold weather climate, confirm that property is winterized with all equipment and pipes drained and water shut off unless heat is maintained.	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

STATE FRAUD STATEMENTS:

Arkansas: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimants with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky: 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.

Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Hampshire: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application,

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or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 such person to criminal and civil penalties.

Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Tennessee: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Vermont: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Virginia: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant*: _____

Title: _____

Agency: _____

Producer Code: _____

Date: _____

***Signing this application does not bind the applicant or the company to complete the insurance**



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641
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