



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

ELEVATOR CONTRACTORS SUPPLEMENT (Complete in addition to ACORD Application)

Proposed First Named Insured & Other Named Insured(s):

Location Address	Street	City	County	State	ZIP Code
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BUSINESS INFORMATION

1. Number of years' experience as a contractor:					
2. # of Owners:			Gross Sales: \$		
3. # of Employees:			Employee Payroll: \$		
4. Receipts for previous three years:					
Year 20	\$	Year 20	\$	Year 20	\$
5. Is business licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
6. Work Performed					
Commercial		%		N/A	
Residential (Apartments, Condos, etc.)				<input type="checkbox"/>	
Private Dwelling				<input type="checkbox"/>	
Escalator				<input type="checkbox"/>	
Buildings In Excess Of 8 Stories				<input type="checkbox"/>	
Handicap Lifts/Patient Lift				<input type="checkbox"/>	
Other				<input type="checkbox"/>	

IMPORTANT NOTICE

DECLARATION

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date
Producer Name and Address		