

NEW ENGLAND EXCESS EXCHANGE, LTD.

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Nautilus & Great Divide Insurance Companies

COMMERCIAL FIRE APPLICATION

Agent Name: _____

Proposed Policy Period From: _____ To: _____

Applicant Name and Mailing Address: _____

INDIVIDUAL CORPORATION PARTNERSHIP JOINT VENTURE OTHER: _____

LOCATION INFORMATION (If more than 3 locations, attach a separate sheet):

| ADDRESS: | DESCRIPTION OF OPERATIONS – OCCUPANCY: |
|----------|--|
| Loc. 1 | |
| Loc. 2 | |
| Loc. 3 | |

PRIOR CARRIER INFORMATION (Must Have Prior 3 Years Information):

| YEAR | CARRIER | COVERAGE CARRIED | LIMITS | EXPIRATION DATE |
|------|---------|------------------|--------|-----------------|
| | | | | |
| | | | | |
| | | | | |

ENTER ALL LOSS INFORMATION (Past 3 Years):

| DATE | TYPE OF LOSS | DESCRIPTION | AMOUNT PAID | OPEN OR CLOSED |
|------|--------------|-------------|-------------|----------------|
| | | | | |
| | | | | |
| | | | | |

Has coverage ever been cancelled or non-renewed? Yes No If yes, please explain: _____

LIMITS & COVERAGES:

| | LOC. 1 | LOC. 2 | LOC. 3 |
|--|----------|----------|----------|
| BUILDING _____ % Coinsurance | \$ _____ | \$ _____ | \$ _____ |
| BPP _____ % Coinsurance | \$ _____ | \$ _____ | \$ _____ |
| BUS. INCOME _____ % Coin. or _____ % Monthly | \$ _____ | \$ _____ | \$ _____ |
| SIGNS (Describe): | \$ _____ | \$ _____ | \$ _____ |
| TOTAL LIMITS: | \$ _____ | \$ _____ | \$ _____ |

LIMITS & COVERAGES (Continued):

DEDUCTIBLES: BUILDINGS - \$ _____ BPP - \$ _____ BUSINESS INCOME - \$ _____

CAUSES OF LOSS: Basic Broad Special

VALUATION: A.C.V. R.C. Market Value

PARTICIPATING COMPANIES:

| NAME OF COMPANY | % PARTICIPATION | LIMITS |
|-----------------|-----------------|--------|
| _____ | _____ | _____ |

BUILDING INFORMATION:

| | Loc. 1 | Loc. 2 | Loc. 3 |
|---------------------------|--------|--------|--------|
| CONSTRUCTION: | | | |
| AGE: | | | |
| # OF STORIES: | | | |
| TOTAL SQ. FOOTAGE: | | | |
| PROTECTION CLASS: | | | |

UNDERWRITING INFORMATION

Any updating done? Please state what was done and when, by location (if none, please state "none").

| | WIRING | PLUMBING | HEATING | ROOF | OTHER |
|--------|--------|----------|---------|------|-------|
| Loc. 1 | | | | | |
| Loc. 2 | | | | | |
| Loc. 3 | | | | | |

Adjacent Exposures:

| | RIGHT | LEFT | FRONT | REAR |
|--------|-------|------|-------|------|
| Loc. 1 | | | | |
| Loc. 2 | | | | |
| Loc. 3 | | | | |

GENERAL INFORMATION

Number of years in business at this location: _____

Total number of years experience: _____

Mortgage Yes No Mortgagee's Name: _____

Amount Outstanding: \$ _____

Any special hazards; i.e. cooking, flammables, woodworking, etc? Yes No If yes, please explain: _____

COMMENTS:

Applicant's Signature

Date