



CondoUnitPACAPPLICATION

(Can be used in lieu of the ACORD Application)

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

This Program is intended to provide coverage for owners of condominium units that are rented out to others or an annual or seasonal basis.

PRODUCER INFORMATION	Date (MM/DD/YY)
AGENCY NAME:	Phone:
	FAX:
PRODUCER SUBMITTING THE RISK:	E-Mail Address:

APPLICANT INFORMATION						
NAME: _____						
MAILING ADDRESS: _____						
Individual	Partnership	Joint Venture	Corporation	Subchapter "S" Corp	LLC	Organization
PROPOSED EFF DATE:	FROM:		TO:		E-Mail Address:	

AVAILABLE COVERAGES & LIMITS

Three options are available as per grid below. Different combinations of limits for the BPP/I&B and Loss of rents are also available.

Coverages	Option A	Option B	Option C
General Liability Policy Limits	\$1,000,000 each occurrence / \$2,000,000 aggregates		

Property per unit Limits:			
- BPP incl Improvements & Betterments	\$25,000	\$50,000	\$75,000
- Loss of Rents	\$5,000	\$7,500	\$10,000
- Loss Assessment	\$2,500	\$2,500	\$2,500
- Misc. Real Property	\$2,500	\$2,500	\$2,500
- Lock and key Replacement	\$500	\$500	\$500
- Tenant Relocation Expense	\$750/\$15,000 annual aggregate	\$750/\$15,000 annual aggregate	\$750/\$15,000 annual aggregate

SCHEDULE OF LOCATIONS AND REQUESTED OPTIONS/LIMITS

(EB = Equipment Breakdown)

	Construction Type	# of Stories	Year Built	Prot Class	Option Requested	Different Limits?	EB	Wind Incl?
1	Location Address: Loc # Bldg #				A B C	BPP/I&B: _____ Loss of Rents: _____	Yes No	Yes No
	Street, Unit #							
	City, State, Zip							
2	Location Address: Loc # Bldg #				A B C	BPP/I&B: _____ Loss of Rents: _____	Yes No	Yes No
	Street, Unit #							
	City, State, Zip							
3	Location Address: Loc # Bldg #				A B C	BPP/I&B: _____ Loss of Rents: _____	Yes No	Yes No
	Street, Unit #							
	City, State, Zip							
4	Location Address: Loc # Bldg #				A B C	BPP/I&B: _____ Loss of Rents: _____	Yes No	Yes No
	Street, Unit #							
	City, State, Zip							

CondoUnitPACAPPLICATION
(Can be used in lieu of the ACORD Application)

This Program is intended to provide coverage for owners of condominium units that are rented out to others or an annual or seasonal basis.

ADDITIONAL COVERAGES

Hired and Non Owned		Yes	No
Higher Loss Assessment per unit Limits	\$5,000	\$7,500	\$10,000

ADDITIONAL INFORMATION

Basis of occupancy:	Monthly	Yearly	Seasonal
What is the annual percentage of occupancy?	_____ %		
Are any of the units occupied by students? If yes, which units? _____		Yes	No
Are any of the units dedicated to Assisted Living or Senior Housing?		Yes	No
Are more than 50% of the units in the complex owned by the same individual/investment group?		Yes	No
Are more than 50% of owned units vacant, other than seasonal?		Yes	No
Is any unit vacant for more than 3 months?		Yes	No
Are there procedures in place to replace hot water heaters every ten years?		Yes	No
Any Policy of Coverage Declined, Cancelled or Non Renewed during the prior three (3) years?		Yes	No
Any loss assessments in the past 5 years?		Yes	No
Does the Applicant utilize a property manager?		Yes	No
If yes, does the Property Manager provide the Applicant with a Certificate of Insurance showing the candidate as Additional Insured?		Yes	No

LOSS HISTORY

Enter all claims or losses (Regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior 5 years (3 years in KS & NY)							Check if none See Attached summary	
Loc #	Bldg #	Date of occurrence	Type/Description of Occurrence or claim	Date of Claim	Amount Paid	Amount Reserved	Claim Status	
							Open	Closed

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: _____ 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
 800-548-4301 • www.neee.com

