



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

VACANT PROPERTIES SUPPLEMENTAL APPLICATION (Complete in addition to Acord Application)

APPLICANT INFORMATION:

NAME: _____ PROPOSED EFF. DATE: FROM: _____ TO: _____

LOCATION ADDRESS: _____

POLICY TERM: 3 MONTHS 6 MONTHS 9 MONTHS 12 MONTHS

All questions must be answered and application signed by applicant:

1. How long has applicant owned property at this location? _____	
2. How long has the building been vacant? _____	
3. Is building completely vacant? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, please describe _____	
4. Is this a new purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what is the purchase price of property? _____	
5. What is the reason for vacancy? _____	
6. What is the intended disposition of the building? _____ <input type="checkbox"/> Sell <input type="checkbox"/> Rent <input type="checkbox"/> Occupy <input type="checkbox"/> Demolition <input type="checkbox"/> Other _____ If up for sale, what is listed selling price? _____	
7. What was the prior occupancy? _____	
8. What is the expected length of vacancy? _____	
9. Are any renovations planned for this location? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES , please describe: _____ What is the total cost of renovations? _____ Any structural work to be completed? _____	
10. Are there any government, municipal orders to vacate or demolish the building? <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Have any tenants been evicted from the property in the last 60 days or in the process of being evicted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Is the building locked and secured from unauthorized entry? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe measures: _____	
13. How often is building checked? <input type="checkbox"/> Daily <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly By whom? _____	
14. Is the building fully protected by an operational sprinkler system covering 100% of the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Any functional Alarm System(s): <input type="checkbox"/> Yes <input type="checkbox"/> No Burglar alarms? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Central Station <input type="checkbox"/> Local Fire alarms? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Central Station <input type="checkbox"/> Local	
16. Are all Real Estate Taxes Paid? <input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Is there a mortgage on the property <input type="checkbox"/> Yes <input type="checkbox"/> No If YES , are all mortgage obligations paid to date <input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Has Applicant or Majority partner filed for Bankruptcy in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	



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19. Is the Property Bank Owned, in foreclosure or is coverage force-placed? If YES , please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Are there any aluminum or knob and tube wiring on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Are all utilities (electrical, water, heat) operational?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Is heat maintained in 100% of the building? If NO , have the pipes been drained including the sprinkler system (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
23. Is the building damaged (Fire, Wind, Water, Vandalism)? If YES , please describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. How many HVAC units on/near the building? Any cages or security measures taken to protect the HVAC equipment against theft? If YES , please describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Is there a swimming pool on the premises? If YES , is it drained and fenced?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
26. Is the building on a piece of land that is greater than 5 acres? If YES , how big is the land _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. If an Urban area with public foot traffic and in a cold weather climate, is there a snow removal contract or other measures in place for the clearance of public sidewalks?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks: 	

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.**