



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

Quick Quote Questionnaire

Date _____

Agency _____ Contact Person _____

Phone _____ Fax _____ Email _____

Named Insured _____ Proposed Effective Date _____

Names of Principals _____ Indiv/Partnership/Corp/LLC/Other _____

Address _____ City _____ State _____ Zip _____

Type of Business _____ Radius of Operation: _____

Date Business Started _____ Experience of Operators _____

Provide complete description of operations performed and how equipment will be used _____

Prior Carrier _____ Agent Know Personally? _____

What Other Coverage Do You Write? _____

Overall Financial Condition / Net Worth _____

Bankruptcies / Tax or Credit liens within past 5 years _____

Any policy or coverage Declined, Cancelled or Non-Renewed in prior 3 years? _____ If yes explain below.

Current Terms & Deductibles _____ W C Exp Mod _____

Prior Losses (Last 5 Years) Provide Details _____

_____ Logging Risks - Contracted with? _____

Maintenance Program/Safety Program in Place? _____ Provide Details _____

Fire Extinguishers / Fire Suppression located on units - provide details _____

Any Equipment Rented/Leased To or From Others? Please explain _____

Any Equipment used Underground or Over Water? Please explain _____

Location of Equipment when not in use _____



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AGENT'S RECOMMENDATION / GENERAL COMMENTS: _____

Named Insured _____

***** To Bind need complete description of units – Year, Make, Model, Serial #
and if modification to units provide detailed descriptions *****

Unit #	Year	Make & Model	Serial #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Unit #	Limit of Insurance	Deductible	Rate	Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Unit #	Loss Payee / Additional Insured Info
_____	_____
_____	_____
_____	_____

Applicant's Signature _____ Date _____

(Quotes are good for 60 days – resubmit if change in schedule or loss experience)