



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

Equipment Short Term Rental Application

Contact Person _____ Date _____

Agency _____

Insured _____

Address _____

City / State _____

Effective Date Requested _____

Expiration Date Requested _____

Description of Unit to include Year, Make & Model, Serial Number _____

Limit of Insurance _____ Deductible _____

Premium Charge (Fully Earned) _____

List Loss Payee **OR** Additional Insured (Circle whichever applies)

Planned Use of Equipment _____

Business of Insured _____ # Years Experience _____

[Submit Your Form to NEE](#)