



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

SUPPLEMENTAL INSURANCE APPLICATION FOR ARSON CONTROL

APPLICANT: _____
 ADDRESS: _____
 TELEPHONE NUMBER: _____
 LOCATION: _____
 Amount of Insurance \$ _____ Applicant is: Owner-Occupant Absentee Owner Tenant

VALUATION: This information helps to explain the amount of insurance selected at the time of application, but does not determine the value at the time of loss.

Purchase Information: Date _____ Price \$ _____ Cost of Subsequent Improvements \$ _____
 Estimated Replacement Cost \$ _____ Estimated Fair Market Value (exclusive of land) \$ _____
 For rental properties, indicate the Annual Rental Income \$ _____
 Check the valuation method used to establish the amount of insurance:
 Replacement Cost Replacement Cost Less Physical Depreciation
 Fair Market Value (exclusive of land) Other: _____
 Who determined the Value: _____ Attach copy of any appraisal

UNDERWRITING INFORMATION: If the answer to any of the following questions is "yes", complete the appropriate section on the reverse side.

1. Is the applicant other than an individual or sole proprietorship?	Yes	No
2. Are any mortgage payments (building or contents) overdue by 3 months or more?	Yes	No
3. Are there any tax liens against the property or business?	Yes	No
Are any taxes unpaid or overdue for 1 year or more?	Yes	No
4. Are there any current violations of fire safety, health, building, or construction codes at this location?	Yes	No
5. Has anyone with a financial interest in this property been convicted for arson, fraud, or other crime related to loss on property owned now or during the last 5 years?	Yes	No
6. Is the mortgagee other than a federal or state chartered lending institution?	Yes	No
7. Have there been losses during the past 5 years exceeding \$1,000 in damage to this property or to any property in which anyone with a financial interest in this property had an equity interest or held a mortgage (except federal or state chartered lending institutions)?	Yes	No
8. Is any portion of the building or any apartment vacant, unoccupied or seasonal?	Yes	No
9. Has any coverage or policy on this property been declined, canceled, or non-renewed in the last 3 years?	Yes	No
Is there any other insurance in force or to be secured on this property?	Yes	No

The applicant covenants that the information provided on this application and the main application is true, complete, and correct based on his/her records, knowledge, and belief. The applicant agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstance shall void any policy issued.

Signature of Agent or Broker

Signature of Applicant

Date

Official Title



1. Ownership Information:

List the names and addresses of:

- Shareholders of a corporation
- Trustees and beneficiaries
- Partners, including limited partners

Note: List only those possessing an ownership interest of 25% or more, except for closed corporations and beneficiaries where all owners should be listed.

<u>NAME</u>	<u>ADDRESS</u>	<u>POSITION</u>	<u>INTEREST %</u>
_____	_____	_____	_____

2. Mortgage Payments:

Mortgagee _____ Date Due _____ Amount Due _____

List any other encumbrances: _____

3. Taxes:

Type _____ Date Due _____ Amount Due _____

4. Code Violations:

Date _____ Describe _____

5. Convictions:

Date _____ Describe _____

Name of Person _____

6. Unchartered Mortgagees:

Name _____

Explanation _____

7. Losses:

<u>Location</u>	<u>Date</u>	<u>Amount</u>	<u>Description</u>
_____	_____	_____	_____
_____	_____	_____	_____

8. Vacancy:

Indicate seasonal period (if any) when building is unused _____

For apartment buildings indicate: Total Units _____ Unoccupied Units _____

For other buildings indicate: Vacancy _____ % Unoccupancy _____

For all buildings indicate the following:

Reason for vacancy/unoccupancy: _____

Anticipated date of occupancy: _____

If the building is vacant or unoccupied, indicate how it is protected from unauthorized entry: _____

Is there a governmental order to vacate or destroy the building or has the building been classified as uninhabitable or structurally unsafe? Yes No

Is water, sewage, electricity, or heat out of service? Yes No

If Yes, Explain: _____

If there unrepaired damage or have items been stripped from the building? Yes No

If Yes, Describe: _____

Is the building for sale? Yes No

If Yes, date put up for sale: _____

9. Other Policies:

<u>Status</u>	<u>Date</u>	<u>Amount of Insurance</u>	<u>Carrier</u>	<u>Policy #</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____