



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

INSTALLATION FLOATER – SUPPLEMENTAL APPLICATION

ATTACH ADDITIONAL SHEETS AS NECESSARY.

ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

I. GENERAL INFORMATION

1)

Named Insured:			
Brokerage/Broker:	New Venture?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Renewal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Policy Number:
Current Effective Date:		Current Expiry Date:	
Requested Effective Date:		Requested Expiry Date:	
Website:			

2)

Current Carrier Information:

Carrier:			
Limit of Insurance:			
Effective Date:		Expiry Date:	
Deductible:			
Premium:			
Offering renewal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Please attach copies of the following:

- a) Currently valued five-year loss runs, including complete claim details for all losses
- b) Applicant's description of operations, brochure, or marketing materials if a website is not available

3)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

4)

Property Address: _____

City: _____ State: _____ Zip Code: _____

5)

Are you a(n): Corporation Individual Partnership Municipality For Profit
 Joint Venture Other: _____

6)

How long have you been in operation under this business name or any others (please provide any prior entities or additional entities/DBAs to be covered)? _____

7)

Limits requested (complete all that apply):

- a. Aggregate: \$ _____
- b. Any one installation project: \$ _____

- c. Catastrophe: \$ _____
- d. Property in Storage: \$ _____
- e. Property in Transit: \$ _____

8) Deductible requested: \$ _____

9) Please complete the following table for your receipts and payroll:

	Revenue	Payroll
Projected Year		
Last 12 Months		
2nd Prior Year		

10) Please complete the following table for the work you are performing:

TYPE OF WORK	PERCENTAGE
Electrical	
Plumbing	
Heating, Air Conditioning, HVAC, or other Ventilation	
Machinery and Equipment Installation or Service – No Rigging/Hoisting	
Rigging, Hoisting, or Millwrighting involving Lifts	
Other: _____	
TOTAL:	100%

- a. If “Rigging, Hoisting, or Millwrighting involving Lifts” exposures are indicated above, please attach details about these operations.

11) Please complete the following table for the locations in which you are working:

TYPE OF STRUCTURE IN WHICH WORK IS PERFORMED	PERCENTAGE
Residential	
Commercial	
Industrial	
Public	
Mining, Refinery, Offshore, or other Energy Sector	
Other: _____	
Other: _____	
TOTAL:	100%

12) What is your typical number of annual jobs? _____

13) What is the average number of jobs you have in progress at any one time? _____

14) What is the maximum number of jobs you will have in progress at any one time? _____

15) How long does an average job take to complete? _____

16) How long was the longest job you have taken previously? _____

- 17) In what state(s) do you work? _____
- a. Are you licensed for the type of work you are performing in all of those states? Yes No
- b. Do you have any work in US Territories or Canada? Yes No
- c. Do you have any work internationally other than Canada? Yes No

18) Please complete the following regarding your five largest jobs in the last five years, excluding any currently ongoing projects:

Client	Dates of Job (MM/YY)	Brief Description

19) Please complete the following regarding your five largest jobs currently underway or planned to begin within the next twelve months:

Client	Dates of Job (MM/YY)	Brief Description

- 20) Do you do any testing or certification as part of your work? Yes No
- a. If yes, please attach details about these operations and samples of any testing/certification criteria checklists used.
- 21) Are cranes utilized in the jobs on which you are working? Yes No
- a. If yes, are you or any subcontractor working on your behalf operating these cranes? Yes No
- b. If yes to a., how many years of experience do these operators have using cranes? _____
- c. Do any jobs involve tandem/dual crane lifts? Yes No
- d. If yes to c., please attach details.

II. TRANSPORTATION DETAILS

- 22) How is property or materials transported to job sites? Check all that apply.
 Owned Vehicle Common Carrier Contract Carrier Railroad/Train
 Ship/Barge Other: _____
- 23) If you have any owned vehicles, how many? _____
- a. What is the average value per vehicle? \$ _____
- b. What is the maximum value per vehicle? \$ _____
- 24) What is the maximum radius property or materials are transported? _____ miles
- 25) What is the estimated annual value of property or materials transported? \$ _____

III. CLAIMS HISTORY

- 26) Do you know of any incidents not currently reported to insurance that may result in a claim against you? If yes, please attach an explanation. Yes No
- 27) During the past five years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for nonpayment of premium by any insurance or finance company? If yes, please attach an explanation. Yes No
- 28) Claim Details (duplicate this page for all claims):
- a. What was the date of the incident? _____
- b. What line(s) of your coverage(s) was this claim reported on? Check all that apply:
- | | | |
|------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Property in Transit | <input type="checkbox"/> Property in Storage | <input type="checkbox"/> Catastrophe |
| <input type="checkbox"/> Other Installation Floater | <input type="checkbox"/> Other Commercial Property | <input type="checkbox"/> Commercial General Liability |
| <input type="checkbox"/> Commercial Auto – Liability | <input type="checkbox"/> Commercial Auto – Physical Damage | <input type="checkbox"/> Other: _____ |
- c. Please describe the circumstances leading up to the claim, the factual details of the incident, the value of materials or property lost or damaged, and steps taken following the incident to mitigate loss and evaluate the claim. Please note "attached" and include an additional sheet if the details do not fit below:
- _____
- _____
- _____
- d. If this claim is closed, did it require trial or arbitration to settle? Yes No
- e. If this claim is open, do you anticipate it going to trial or arbitration? Yes No
- + If yes, when? _____
- f. Were any of your procedures or rules changed after this incident? Yes No
- g. Was the incident a total loss/full insured value claimed? Yes No
- + If no, what percentage was lost? _____ %
- h. Total claimed: \$ _____

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____

FEIN #: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____