



Since 1992

Northeast Insurance Center

LIABILITY INSURANCE APPLICATION

Name : _____
Address: _____
Phone Number: _____
Email Address: _____

Claims History Past Three Years (if possible, enclose present carrier's loss information :)

*ADDITIONAL INFORMATION

A. Present Carrier: _____

B. Present Premium
Liability _____
Property _____
Liability & Property Combined _____

C. Expiration Date _____

I hereby certify that the information provided herein is true and correct.
(PLEASE SEND A COPY OF PRESENT POLICY TO THE ADDRESS BELOW)

I understand that this application will become part of the policy and that any misrepresentation of the facts provided herein may cause the policy to be cancelled or coverage to be denied.

Signature of Applicant _____

Today's Date _____

PHONE 800-719-9066

FAX 860-627-8695

PO Box 723, Enfield, CT 06083-0723