

SNOW REMOVAL CONTRACTOR SUPPLEMENTAL INSURANCE APPLICATION

(Please complete and sign along with Acord application)

Applicant's Name: _____

Mailing Address: _____

Location Address: _____

Website Address: _____

1. State/Area of Operations _____
2. Do you have other business ventures for which coverage is not desired? Yes _____ No _____
 - a. If Yes, explain _____
3. Applicant Snow Plowing Operations:
 - a. Number of Owner/Partners: _____ Payroll of Owner/Partners: \$ _____
 - b. Number of Employees: _____ Payroll of Employees: \$ _____
4. Snow Removal Receipts/Sales:
 - a. Estimated Current Season: \$ _____
 - b. Previous Season: \$ _____
5. Snow Removal Subcontracted Work Cost:
 - a. Uninsured Subcontractors cost \$ _____
 - b. Insured Subcontractors cost \$ _____
6. Subcontracted work costs as percentage of total annual receipts: _____ %
7. Describe Subcontracted Operations: _____
 - a. Do you obtain certificates of insurance from all subcontractors for both GL and Auto?
Yes _____ No _____
 - b. If Yes, minimum limits required: _____
8. Do you use written contracts with subcontractors? Yes _____ No _____
 - a. If No, explain when not required: _____
9. Do your contracts contain a hold harmless agreement in your favor? Yes _____ No _____
10. Are you added as an additional insured on the subcontractor's liability policies? Yes _____ No _____
11. If No is answered for any of the questions above, is insured willing to implement procedures to comply with the above? Yes _____ No _____
12. Is Automobile Insurance carried on all vehicles doing snow removal? Yes _____ No _____
 - a. If Yes, what limits: _____
13. Describe any other snow removal equipment used if other than Autos:

14. Operations Performed

Describe the Operations the applicant engages in (must total 100%):

Activity	%	Activity	%
Residential Driveways		Large Retail Store (i.e. Wal-Mart, Supermarket)	
Residential Streets		Small Retail (i.e. Drug Store, Fast Food)	
Condo/Townhouse Complex Streets		Retail Shopping Ctr. (Over 5 Stores)	
City Streets and Roads		Retail Shopping Ctr. (5 stores or Less)	
Highways and Freeways		Mall Parking Lots	
Office Complex Parking Lots		Mall Parking Sidewalks	
Office Complex Sidewalks		Other (explain below)	
Other - Describe			

15. Does the applicant have a written snow removal contract with customers outlining conditions for plowing? (If No, Contracts mandatory with all commercial customers we decline)

Yes _____ No _____

16. Does the applicant use any heat applications for snow removal?

Yes _____ No _____ Describe _____

17. Does applicant remove snow from roofs? Yes _____ No _____

(If yes, We will exclude all roof work)

18. **Loss Information**

Have you had any claims presented or have any knowledge of claims to be made against you alleging injury or financial loss from any prior snow removal or street cleaning operation?

Yes _____ No _____ If Yes, please explain _____

Applicant's Name and Title: _____

Applicant's Signature: _____ Date: _____

(Must be signed by active owner, partner or executive officer)

Producer's Signature: _____ Date: _____