



**COMPLETE IN ADDITION TO THE ACORD APPLICATION**

**APPLICANT INFORMATION**

APPLICANT NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

LOCATION ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NEW BUSINESS     RENEWAL

**AGENCY INFORMATION**

AGENCY NAME: \_\_\_\_\_

AGENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PROPOSED EFFECTIVE DATE: From \_\_\_\_\_ to \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant**

**ANSWER ALL QUESTIONS**

**APPLICANT IS:**

- INDIVIDUAL                       CORPORATION                       PARTNERSHIP                       JOINT VENTURE
- LIMITED LIABILITY COMPANY     OTHER: *(specify)* \_\_\_\_\_

WEBSITE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

AUDIT CONTACT NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

LIMIT OF LIABILITY DESIRED: \_\_\_\_\_

YEARS OF SNOW REMOVAL EXPERIENCE: \_\_\_\_\_

**3-YEAR AVERAGES CAN BE USED FOR THE FOLLOWING:**

ANNUAL RECEIPTS FROM SNOW & ICE REMOVAL OPERATIONS:	\$
ANNUAL PAYROLL FROM SNOW & ICE REMOVAL OPERATIONS:	\$
ANNUAL SUBCONTRACTORS COST FROM SNOW & ICE REMOVAL OPERATIONS:	\$
ANNUAL RECEIPTS FROM ALL CONTRACTING OPERATIONS:	\$
ANNUAL PAYROLL FROM ALL CONTRACTING OPERATIONS:	\$

**CHECK OFF ALL THAT APPLY FOR SNOW PLOWING OPERATIONS:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> CONVENIENCE STORES   | <input type="checkbox"/> GAS STATIONS         | <input type="checkbox"/> BIG BOX STORES (ex. Home Depot) |
| <input type="checkbox"/> PHARMACIES   | <input type="checkbox"/> LARGE GROCERY STORES | <input type="checkbox"/> STADIUMS                        |
| <input type="checkbox"/> HARDWARE STORES  | <input type="checkbox"/> LARGE OFFICE PARKS   | <input type="checkbox"/> AIRPORTS                        |
| <input type="checkbox"/> 24-HOUR LOCATIONS  | <input type="checkbox"/> BANKS WITH ATMs      | <input type="checkbox"/> HOSPITALS                       |
| <input type="checkbox"/> MEDICAL OFFICE BUILDINGS   | <input type="checkbox"/> GOVERNMENTAL         | <input type="checkbox"/> NURSING HOMES / ASSISTED LIVING |
| <input type="checkbox"/> PUBLIC STREETS, ROADS, HIGHWAYS, INTERSTATES   |   |  |
| <input type="checkbox"/> SINGLE FAMILY HOMES: NUMBER OF HOMES: _____ <input type="checkbox"/> CONDO / HOA ASSOCS.: NUMBER OF UNITS: _____ (any one loc) |   |  |

**LIST BELOW ALL COMMERCIAL SNOW PLOWING ACCOUNTS (attach list if necessary)**

JOB DESCRIPTION / LOCATION	NATURE OF WORK	JOB COST
		\$
		\$
		\$
		\$

INDICATE THE PERCENTAGE OF RECEIPTS IN CATEGORIES BELOW: <i>(Column should total 100%)</i>		INDICATE THE TYPE AND NUMBER OF CUSTOMERS IN THE CATEGORIES BELOW:	
SNOW PLOWING / SHOVELING	%	SINGLE FAMILY RESIDENTIAL	# OF CUSTOMERS:
SNOW CARTING (off site)	%	MANUFACTURING FACILITIES	# OF CUSTOMERS:
SALTING / ICE TREATMENT	%	OFFICE / BUSINESS PARKS	# OF CUSTOMERS:
ROOF RAKING / ICE DAM REMOVAL	%	MULTI-FAMILY, CONDO / TOWNHOUSE / APARTMENT COMPLEXES	# OF CUSTOMERS:
OTHER (describe):	%	COMMERCIAL STRIP MALLS, BANKS, MEDICAL OFFICES & FACILITIES	# OF ROAD MILES:
		MUNICIPALITY / STREET & ROAD (county roads, commuter parking lots, etc.)	
<b>TOTAL</b>	<b>%</b>	INTERSTATES, TURNPIKES & THRUWAYS	# OF ROAD MILES:

**INDICATE THE NUMBER & TYPE OF EQUIPMENT USED FOR SNOW & ICE REMOVAL OPERATIONS:**

PLOWS #		SHOVELS / PUSHERS #		SALT SPREADERS #	
SNOW BLOWERS #		SWEEPER BROOMS #			
OTHER: (describe)					

Do you require all customers to enter into a written contract? *(If yes, attach a copy)*  Yes  No

If not required 100% of time describe below when contracts are not required:

Do you enter into snow/ice removal contracts written by property owners or other 3<sup>rd</sup> parties?  Yes  No

If yes, describe below & provide copies:

Do you provide certificates of insurance to all customers?  Yes  No

If not provided 100%, describe below when not provided:

Do you have a log book?  Yes  No

If yes, describe information captured in log book or provide sample page:

**SNOW REMOVAL WORKFORCE - # AND TYPE OF WORK PERFORMED BY THE FOLLOWING:**

Principals or Owners:		Type of Work:	Payroll: \$
Full-Time Employees:		Type of Work:	Payroll: \$
Part-Time Employees:		Type of Work:	Payroll: \$

Do you use Casual or Day Laborers?  Yes  No

If yes, how many: \_\_\_\_\_

Are subcontractors ever used for snow removal?  Yes  No

Are certificates of insurance obtained from subcontractors?  Yes  No

Minimum Limits Required: \$ \_\_\_\_\_

Do you use uninsured subcontractors?  Yes  No

If YES, percentage of total subcontracted cost: \_\_\_\_\_%

Are written contracts obtained from all subcontractors which include a hold harmless clause in your favor?  Yes  No

If NO, explain when not required:

Are you named as an additional interest on the subcontractors' policies?  Yes  No

Do you normally use the same subcontractors?  Yes  No

Does Applicant perform any snow plowing in NY?:  Yes  No

If YES, what Percentage?

Any snow plowing in the 5 Boroughs of NY?:  Yes  No

If YES, what % of the NY Total? \_\_\_\_\_%

Are you required to name any of your customers as an additional insured?:  Yes  No

If YES, please attach a list of customers who require Additional Insured status including whether it needs to be Primary/ Noncontributory, include Completed Operations or if they require a Waiver of Subrogation

Does Applicant Carry Commercial Auto?

Yes  No

What Limit? \_\_\_\_\_

Any other operations aside from snow removal?

Yes  No

If YES, are these operations covered elsewhere?

Yes  No

Prior Carrier & Premium:

Prior Losses:

*NOTE: 3-5 year loss runs will be required*

## FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or another 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 may subject the person to criminal and civil penalties.

### STATE FRAUD WARNINGS

**NOTICE TO ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA 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 CALIFORNIA APPLICANTS:**

For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**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 MAINE, TENNESSEE, VIRGINIA AND WASHINGTON 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 MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully 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 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 YORK APPLICANTS:** 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 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 five thousand dollars 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 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 any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: 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, commits a fraudulent insurance act which may be a crime and may subject such person to criminal and civil penalties.

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 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 such person to criminal and civil penalties.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

## **SIGNATURES**

APPLICANT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_