

Copies of all active Contractual or Service Agreements must be obtained and reviewed to ensure compliance with our minimum underwriting guidelines.

Proposed First Named Insured & Other Named Insured(s):

Location Address	Street	City	County	State	ZIP Code
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BUSINESS INFORMATION

1. Number of years' experience as a contractor: _____
2. # of Owners: _____ Gross Sales: \$ _____
3. # of Employees: _____ Employee Payroll: \$ _____
4. Receipts for previous three years:

Year 20	\$	Year 20	\$	Year 20	\$
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5. Percentage of work performed: Commercial: _____ % Residential: _____ %
6. Total receipts from all operations: \$ _____
7. Total receipts from all snow removal operations: \$ _____
8. Total payroll from all operations: \$ _____
9. Total payroll from snow removal operations: \$ _____
10. Describe insured's other operations (include payroll and sales breakdown):

Classification	Payroll	Sales
	\$	\$
	\$	\$
	\$	\$
	\$	\$

11. Years in snow removal business: _____
12. Indicate the Number and Type of Equipment Used for Snow & Ice Removal Operations:

Trucks #	Plows #	Shovels/Pushers #	
Salt Spreaders #	Snow Blowers #	Sweeper Brooms #	
Other: (Describe) _____			

13. Indicate by approximate percentage, the type of work performed:

Type of Snow Removal	%	Provide Specifics of the Job
Malls/Shopping Centers		
Commercial Parking Lots (Other Than Malls/Shopping Centers)		
Hospitals /Clinics/Nursing Homes		
Interstate Roads		
Removal of Snow From Roofs		
Residential Driveways		
Residential Lots (Condos, Apartments)		
Public Streets & Roads		
Public Bus or Train Stations		

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|--|--------------------------|--------------------------|
| 14. Do employees use their own vehicles? <i>If Yes, provide auto policy information.</i> _____ | Yes | No |
| Auto Carrier: _____ Limits of Insurance: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Does the insured use independent contractors? _____ | <input type="checkbox"/> | <input type="checkbox"/> |

	Yes	No
16. Does the insured do any salting?	<input type="checkbox"/>	<input type="checkbox"/>
17. Do contractual/service agreements provide the following provisions:		
a. Specified duties regarding timing of snow removal? <i>If No, submit.</i>	<input type="checkbox"/>	<input type="checkbox"/>
b. Specified duties regarding salting/sanding of walkways? <i>If No, submit.</i>	<input type="checkbox"/>	<input type="checkbox"/>
c. If a hold harmless agreement indemnifying the job owner (indemnitee) exists, is it limited to direct damages caused solely by the insured snow removal contractor only? <i>If No, submit.</i>	<input type="checkbox"/>	<input type="checkbox"/>
d. Does the contract contain a mutual or reverse hold harmless agreement?	<input type="checkbox"/>	<input type="checkbox"/>

**IMPORTANT NOTICE
DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date
Agent Name and Address		