



**SNOW REMOVAL CONTRACTORS
SUPPLEMENT**
(Complete in addition to ACORD Application)

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	\$
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					
				Yes	No
14. Do employees use their own vehicles? <i>If Yes, provide auto policy information.</i>				<input type="checkbox"/>	<input type="checkbox"/>
Auto Carrier:			Limits of Insurance:		
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		