



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

If Yes, explain _____

3. Applicant Snow Plowing Operations:

a. Number of Owner/Partners: _____ Payroll or Owner/Partners: \$ _____

b. No. of Employees: _____ Payroll of Employees: \$ _____

4. Receipts/Sales:

Current Year: \$ _____ Previous Year: \$ _____

5. Subcontracted Work Cost:

a. Uninsured Subcontractors cost \$ _____

b. Insured Subcontractors cost \$ _____

c. Subcontracted work costs as percentage of total annual receipts: _____ %

d. Describe Subcontracted Operations: _____

(a) Do you obtain certificates of insurance from all subcontractors for both GL and Auto?

Yes No

If Yes, minimum limits required: _____

(b) Do you use a written contractors with subcontractors? Yes No

If No, explain when not required: _____

(c) Do your contracts contain a hold harmless agreement in your favor? Yes No

(d) Are you added as an additional insured on the subcontractor's liability policies? Yes No

(e) If No is answered for any of the questions above, is insured willing to implement procedures to comply with the above?

6. Is Automobile Insurance carried on all vehicles doing snow removal? Yes No

If Yes, what limits: _____

7. Describe any other snow removal equipment used if other than Autos: _____

8. Operations Performed

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

Activity	%	Activity	%
Residential Driveways		Retail Store Parking Lots	

Residential Streets		Retail Store Sidewalks	
Condo/Townhouse Complex Streets		Strip Shopping Ctr. Parking Lots	
City Streets and Roads		Strip Shopping Center Sidewalks	
Highways and Freeways		Mall Parking Lots	
Office Complex Parking Lots		Mall Parking Sidewalks	
Office Complex Sidewalks		Other (explain below)	
Other:			

9. Does the risk have a contract limiting responsibility to within 24 hours of cleaning the premises?
Yes No

10. 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: _____