



Snow Plowing Program Supplemental Application
(Complete in addition to the ACORD Application)

Applicant's Name: _____

 Mailing Address: _____

 Location Address: _____

 NEW BUSINESS RENEWAL

Agency Name: _____
 Agent: _____
 Address: _____

 E-mail: _____
 Phone No.: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

Applicant is: Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify) _____

Website Address: _____

E-mail Address: _____ **Phone Number:** _____

Audit Contact Name: _____

E-mail Address: _____ **Phone Number:** _____

1. **Limit of Liability Desired:** _____
2. **Years of Snow Removal Experience:** _____

3-Year Averages Can be Used for the Following:

3.	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 <u>ALL</u> Contracting Operations:	\$
	Annual Payroll from <u>ALL</u> Contracting Operations:	\$

Check Off All That Apply for Snow Plowing Operations:

4.	<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 ATM's	<input type="checkbox"/>	Hospitals
	<input type="checkbox"/>	Medical Office Buildings	<input type="checkbox"/>	Governmental	<input type="checkbox"/>	Nursing Homes / Assisted Living
	<input type="checkbox"/>	Single Family Homes: # of Homes:		<input type="checkbox"/>	Condo/HOA Assocs: # of Units: (any one loc)	

List Below All Commercial Snow Plowing Accounts (attach list if necessary)

5.	Job Description / Location	Nature of Work	Job Cost
			\$
			\$
			\$
			\$

6.	Indicate the percentage of receipts in categories below: (Column should total 100%)		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 Customers:
			Municipality/Street & Road County roads, Commuter Parking Lots, etc.)	# of Road Miles:
Total:	%	Interstates, Turnpikes & Thruways	# of Road Miles:	

Indicate the Number & Type of Equipment Used for Snow & Ice Removal Operations:

7.	Plows #		Shovels/Pushers #		Salt Spreaders #	
	Snow Blowers #		Sweeper Brooms #			
	Other: (describe)					

8.	Do you require all customers to enter into a written contract? (If Yes, attach a copy) If not required 100% of time describe below when contracts are not required:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	Do you enter into snow/ice removal contracts written by property owners or other 3rd parties? If yes, describe below & provide copies:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	Do you provide certificates of insurance to all customers? If not provided 100%, describe below when not provided:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

9.	Do You Have a Log Book? YES <input type="checkbox"/> NO <input type="checkbox"/> 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: \$

10. Do you use Casual or Day Laborers? Yes No
If yes, how many: _____

11. 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

12. 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? _____

13. 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)

14. Does Applicant Carry Commercial Auto?: Yes No What Limit? _____

15. Any other operations aside from snow removal? _____

If Yes, are these operations covered elsewhere?: Yes No

16. Prior Carrier & Premium: _____

17. 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 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.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

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

PRODUCER'S SIGNATURE: _____ DATE: _____

Descriptions and information herein are preliminary to a quote and are not solicitations to buy or offers to sell insurance. Policy issuance is subject to underwriting approval; refer to any actual policies issued for complete details of coverage, exclusions, and limitations.