

P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

SNOW REMOVAL CONTRACTORS SUPPLEMENTAL (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):						
Loca	tion Address Street	City	County Sta	ite	Zip Code	
BUSINESS INFORMATION						
1.	Percentage of work performed: Commerce	cial: %	Residential:	%		
2.	Total receipts from all operations:	\$				
3.	Total receipts from all snow removal operation	ns: \$				
4.	Total payroll from all operations:	\$				
5.	Total payroll from snow removal operations:	\$				
6.	Describe insured's other operations (include p	payroll and sales	s breakdown):			
	Classification		Payroll		Sales	
		\$		\$		
		\$		\$		
		\$		\$		
		\$		\$		
7.	Years in snow removal business:					
8.	Number of employees:				Yes	No
9.	Do employees use their own vehicles? If yes, provide auto policy information.					
	Auto Carrier:	Lim	nits of Insurance:			
10.	Does the insured use independent contractors	s?				
11.	Does the insured do any salting?					
12.	Do you snowplow on public streets or roads?					
13.	Do you snowplow for any senior housing?					
14.	Do you snowplow for any medical facilities?					
15.	Do contractual/service agreements provide the following provisions:					
	a. Specified duties regarding timing of snow removal? If no, submit.					
	b. Specified duties regarding salting/sanding of walkways? If no, submit.					
	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? If no, submit.					
	d. Does the contract contain a mutual or reve	erse hold harmle	ess agreement?			
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 Da				Date		
Agent Name and Address						