



Please Answer All Questions. Submit This Application With a Completed ACORD Application and Prior Carrier Loss Runs.

**APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 Street Address City State ZIP Code

Location Address: \_\_\_\_\_  
 Street Address City State ZIP Code

Website: \_\_\_\_\_

**OPERATIONS INFORMATION**

1. State(s)/Area of Operations:	2. Number of Years in Business:
3. Applicant Snow Plowing Operations: # of Owners/Partners: Payroll of Owners/Partners: \$ # of Employees: Payroll of Employees: \$	
4. Provide the Number of Each Type of Snow Removal Units Used: Plow Trucks: Snow Throwers/Blowers : Skid Steer/Front End Loader: Other:	
5. Snow Removal Gross Receipts/Sales: \$	Estimated Current Season: \$ Previous Season: \$

**SUBCONTRACTOR INFORMATION**

6. Snow Removal Subcontracted: Uninsured Subcontractors Cost: \$ Insured Subcontractors Cost: \$
7. Subcontracted Work Costs as Percentage of Total Annual Receipts: %
8. Describe Subcontracted Operations: Do You Obtain Certificates of Insurance from All Subcontractors for Both GL and Auto? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," Minimum Limits Required:
9. Do You Use Written Contracts with Subcontractors? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," Explain When Not Required:
10. Do Your Contracts Contain a Hold Harmless Agreement in Your Favor? <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are You Added as an Additional Insured on the Subcontractor's Liability Policies? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" is Answered for Any of the Questions Above, Is Insured Willing to Implement Procedures to Comply with the Above? <input type="checkbox"/> Yes <input type="checkbox"/> No
12. Is Automobile Insurance Carried on All Vehicles Doing Snow Removal? <input type="checkbox"/> Yes <input type="checkbox"/> No What Limits? Who is the Carrier?
13. Describe Any Other Snow Removal Equipment Used if Other Than Autos:

**OPERATIONS PERFORMED**

14. Describe the Operations the Applicant Engages In (Must Total 100%):			
Activity	% of Operations	Activity	% of Operations
Residential Driveways		Public Streets and Roadways	
Residential Streets		Shopping Centers Under 25,000 Sq. Ft.	
Avalanche Control		Interstates, Highways, Turnpikes, and Thruways	
Sports Stadiums or Concert Venues		Office Complex Parking Lots and Sidewalks	
Airports		Hospitals or Nursing Homes	
Condo/Townhouse Complex Streets		Removal from Roofs	
Shopping Centers Over 25,000 Sq. Ft. (I.e. Large "Box Stores" Like Home Depot, Lowes, Walmart, Malls, Etc.)		Other:	
15. List the Top 3 Past, Present, and Planned Jobs:			
1)			
2)			
3)			
16. Does the Applicant Have a Written Snow Removal Contract with Customers Outlining Conditions for Plowing? <input type="checkbox"/> Yes <input type="checkbox"/> No			
17. Does the Applicant Use Any Heat Applications for Snow Removal? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," Explain:			



# SNOW AND ICE REMOVAL Contractor Supplemental Application

## Loss Information

18. 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

## FRAUD STATEMENTS

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law. This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**Applicable to Florida Agents Only:**

**IMPORTANT NOTICE** - As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

**THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.**

Applicant Name (Print): \_\_\_\_\_

Producer Name (Print): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Producer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

*Answer All Questions – If They Do Not Apply, Indicate “Not Applicable”*