NEW ENGLAND EXCESS EXCHANGE

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# SNOW PLOWING PROGRAM
## SUPPLEMENTAL APPLICATION

*6/21*

***(Complete in addition to the ACORD Application)***

### APPLICANT INFORMATION

APPLICANT NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

LOCATION ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

☐ NEW BUSINESS ☐ RENEWAL

### AGENCY INFORMATION

AGENCY NAME: _____

AGENT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ PHONE: _____

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

# ANSWER ALL QUESTIONS

### APPLICANT IS:

☐ INDIVIDUAL ☐ CORPORATION ☐ PARTNERSHIP ☐ JOINT VENTURE
☐ LIMITED LIABILITY COMPANY ☐ OTHER: *(specify)* _____

WEBSITE: _____

EMAIL: _____ PHONE: _____

AUDIT CONTACT NAME: _____

EMAIL: _____ PHONE: _____

LIMIT OF LIABILITY DESIRED: _____

YEARS OF SNOW REMOVAL EXPERIENCE: _____

### 3-YEAR AVERAGES CAN BE USED FOR THE FOLLOWING:

| | |
|---|---|
| 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 ALL CONTRACTING OPERATIONS: | $ |
| ANNUAL PAYROLL FROM ALL CONTRACTING OPERATIONS: | $ |

## CHECK OFF ALL THAT APPLY FOR SNOW PLOWING OPERATIONS:

- ☐ CONVENIENCE STORES
- ☐ GAS STATIONS
- ☐ BIG BOX STORES *(ex. Home Depot)*
- ☐ PHARMACIES
- ☐ LARGE GROCERY STORES
- ☐ STADIUMS
- ☐ HARDWARE STORES
- ☐ LARGE OFFICE PARKS
- ☐ AIRPORTS
- ☐ 24-HOUR LOCATIONS
- ☐ BANKS WITH ATMs
- ☐ HOSPITALS
- ☐ MEDICAL OFFICE BUILDINGS
- ☐ GOVERNMENTAL
- ☐ NURSING HOMES / ASSISTED LIVING
- ☐ PUBLIC STREETS, ROADS, HIGHWAYS, INTERSTATES
- ☐ SINGLE FAMILY HOMES: NUMBER OF HOMES: _____
- ☐ CONDO / HOA ASSOCS.: NUMBER OF UNITS: _____ *(any one loc)*

## LIST BELOW ALL COMMERCIAL SNOW PLOWING ACCOUNTS *(attach list if necessary)*

| JOB DESCRIPTION / LOCATION | NATURE OF WORK | JOB COST |
|---|---|---|
| | | $ |
| | | $ |
| | | $ |
| | | $ |

| 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 ROAD MILES: |
| | | MUNICIPALITY / STREET & ROAD *(county roads, commuter parking lots, etc.)* | |
| **TOTAL** | **%** | INTERSTATES, TURNPIKES & THRUWAYS | # OF ROAD MILES: |

## INDICATE THE NUMBER & TYPE OF EQUIPMENT USED FOR SNOW & ICE REMOVAL OPERATIONS:

| | | | | | |
|---|---|---|---|---|---|
| PLOWS # | | SHOVELS / PUSHERS # | | SALT SPREADERS # | |
| SNOW BLOWERS # | | SWEEPER BROOMS # | | | |
| OTHER: *(describe)* | | | | | |

Do you require all customers to enter into a written contract? *(If yes, attach a copy)* ☐ Yes ☐ No

If not required 100% of time describe below when contracts are not required:

Do you enter into snow/ice removal contracts written by property owners or other 3rd parties? ☐ Yes ☐ No

If *yes*, describe below & provide copies:

Do you provide certificates of insurance to all customers? ☐ Yes ☐ No

If not provided 100%, describe below when not provided:

Do you have a log book? ☐ Yes ☐ No

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: $ |

Do you use Casual or Day Laborers? ☐ Yes ☐ No

If yes, how many: _____

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

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? _____%

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

Does Applicant Carry Commercial Auto? ☐ Yes ☐ No

What Limit? _____

Any other operations aside from snow removal? ☐ Yes ☐ No

If *YES*, are these operations covered elsewhere? ☐ Yes ☐ No

Prior Carrier & Premium:

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.

**APPLICABLE IN AL, AR, DC, LA, MD, NM, RI AND WV**

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.*

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.

**Applicable in PR**
Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

## SIGNATURES

APPLICANT NAME: _____ TITLE: _____

APPLICANT SIGNATURE: _____ DATE: _____

PRODUCER SIGNATURE: _____ DATE: _____