**SNOW REMOVAL SUPPLEMENTAL APPLICATION**(Complete in addition to ACORD Application)

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| Applicant’s Name:    Location Address: | Agency Name:    Agent No.:  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)

**1. Percentage of overall operations derived from snow/ice removal:**      %

**The following is applicable to snow/ice removal operations only:**

**2. Annual Payroll:** $

**3. Annual Receipts:** $

**4. Annual Subcontractors Cost:** $

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| **5. List all states where snow/ice removal operations are performed:** |

**6. Location of operations:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Operations** | **Percent** |  | **Operations** | **Percent** |
| Airports | % |  | Public Streets, Roads or Highways | % |
| Apartment/Condominiums/Townhome  Complexes | % |  | Retail Stores (Walmart, Home Depot, etc.) | % |
| Strip Malls/Retail Shopping Centers | % |
| Commercial Parking Lots/Sidewalks | % |  | Other | % |
| Construction Sites | % |  | Describe: | |
| Gas Stations, Convenience Stores | % |  |
| Hospitals/Emergency Rooms, Assisted  Living, Nursing Homes | % |  |
| Office Complexes | % |  |
| Private Residential Driveways | % |  |
| Private Roadways | % |  |

**7. List your five largest commercial snow/ice removal clients:**

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| --- | --- | --- | --- |
| **Client Name** | **Description of Operations/ Number of Locations** | **Area Plowed** | **Salt/ Sand** |
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**8. If applicant is involved in rooftop snow/ice removal, please complete the following:**

Percentage of operations:      %

Any work on rooftops over three stories?  Yes  No

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| List equipment used on snow/ice removal from rooftops: |

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| Describe safety measures in place to secure the area around the premises when snow/ice removal is performed: |

Are there any heat sources used to assist with snow/ice removal?  Yes  No

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| If yes, describe process and safety measures: |

**9. What percentage of operation is salting/ice treatment?**      %

**10. Does applicant have Workers’ Compensation coverage in force?**  Yes  No

Does the applicant lease employees?  Yes  No

**11. Does applicant have a website?**  Yes  No

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| If yes, provide website address(es): |

**12. Does applicant have any other business ventures for which coverage is not requested?**  Yes  No

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| If yes, explain and advise where insured: |

**13. Attach copies of all written contracts where the applicant holds clients harmless and/or any contract with a sub-contractor where the applicant is held harmless.**

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.

**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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**APPLICANT’S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT’S SIGNATURE: DATE:

CO-APPLICANT’S SIGNATURE: DATE:

PRODUCER’S SIGNATURE: DATE:

AGENT NAME:       AGENT LICENSE NUMBER:

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT:

(Applicable in Iowa Only)

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|  | **IMPORTANT NOTICE** |  |
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| 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. | | |