



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

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:**.....\$ _____

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

6. **Location of operations:**

Operations	Percent
Airports	%
Apartment/Condominiums/Townhome Complexes	%
Commercial Parking Lots/Sidewalks	%
Construction Sites	%
Gas Stations, Convenience Stores	%
Hospitals/Emergency Rooms, Assisted Living, Nursing Homes	%
Office Complexes	%
Private Residential Driveways	%
Private Roadways	%

Operations	Percent
Public Streets, Roads or Highways	%
Retail Stores (Walmart, Home Depot, etc.)	%
Strip Malls/Retail Shopping Centers	%
Other	%
Describe:	

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

Client Name	Description of Operations/ Number of Locations	Area Plowed	Salt/ Sand

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

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

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

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

If yes, provide website address(es): _____

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

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)

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.