

SNOW REMOVAL SUPPLEMENTAL APPLICATION: (needs to be completed in full detail in addition to Acord Application)

1. APPLICANT INFORMATION EFFECTIVE DATE _____

Name: _____

Contact name and telephone #: _____

2. Employees Payroll: _____

Subcontractors: Annual Cost _____

3. Annual Receipts _____ Residential% _____ Commercial% _____

4. During the past 3 years, have any claims been presented to your current or prior insurance carrier? If Yes, Provide full details on the Acord Application 125 (Back Page) ___ YES ___ NO

5. Has applicant, or any other person for whom insurance is being requested, result in a claim: ___ YES ___ NO

6. Year of experience in this business: _____

7. Is there another business that you own/operated in the off season? ___ YES ___ NO

a. If yes, explain: _____

8. Are Subcontractors used? IF yes, percentage Subbed out _____ ___ YES ___ NO

a. What tasks do the subs perform? _____

b. Do the Subs have their own liability insurance? ___ YES ___ NO

c. Is Applicant named as additional insured on SUBS Policy? ___ YES ___ NO

9. Does the applicant have a favorable Hold-Harmless Agreement in place in their favor? ___ YES ___ NO

10. Does applicant carry Commercial Auto Insurance? ___ YES ___ NO

a. If yes, supply limits of liability and carrier information: _____

11. Customers: ___ Roofs ___ Private Roads ___ Private Driveways ___ Private Parking ___ Public Roads/Highways

12. Identify safety measures taken by applicant: _____

13. Number of Trucks:

Methods of Operations: ___ Blade ___ Bobcat ___ Snowblower ___ Shovel ___ Etc. Explain _____

LIGHT TRUCKS	MEDIUM TRUCKS	HEAVY TRUCKS	XHEAVY TRUCKS	MOBILE
(0-10,000GVW)	(10,000-20,000GVW)	(20,001-45,000GVW)	(45,001 +)	EQUIPMENT
_____	_____	_____	_____	_____

APPLICANT'S SIGNATURE _____ DATE: _____