

SNOW REMOVAL SUPPLEMENTAL APPLICATION

In addition to ACORD

1. APPLICANT INFORMATION EFFECTIVE DATE: _____

TERM: _____ YEARS IN BUSINESS: _____ NEW VENTURE: YES NO

2. INDIVIDUAL CORPORATION PARTNERSHIP OTHER (EXPLAIN) _____

3.

TYPE	NUMBER	PAYROLL/ ANNUAL COST
OWNER, PARTNER, OFFICER		
EMPLOYEES		
SUBCONTRACTORS		
CASUAL / TEMP LABOR		

4. ANNUAL RECEIPTS _____ RESIDENTIAL % _____ COMMERCIAL % _____

5. DURING THE PAST THREE YEARS, HAVE ANY CLAIMS BEEN PRESENTED TO YOUR CURRENT OR PRIOR INSURANCE CARRIER? IF YES, PROVIDE FULL DETAILS: _____ YES NO

6. HAS APPLICANT, OR ANY OTHER PERSON FOR WHOM INSURANCE IS BEING REQUESTED, RESULT IN A CLAIM YES NO

7. YEARS OF EXPERIENCE IN THIS BUSINESS: _____

8. ANY GUARANTEES, WARRANTIED, HOLD HARMLESS AGREEMENTS? IF YES, SEE REMARKS SECTION YES NO

9. 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

10. DOES THE APPLICANT HAVE A FAVORABLE HOLD-HARMLESS AGREEMENT IN PLACE YES NO

11. DOES APPLICANT CARRY COMMERCIAL AUTO INSURANCE? YES NO

a. IF YES, SUPPLY LIMITS OF LIABILITY \$ _____

12. DO YOU PLOW _____PRIVATE ROADS _____ PRIVATE DRIVEWAYS _____PRIVATE PARKING _____ PUBLIC ROADS/ HIGHWAYS

13. NUMBER OF TRUCKS

LIGHT TRUCK (0-10,000 GVW)	MEDIUM (10,0001-20,000 GVW)	HEAVY (20,001-45,000 GVW)	XHEAVY 45,001+	MOBILE EQUIPMENT IE BACKHOE

APPLICANT SIGNATURE: _____

DATE: _____