



**Snow Plowing Program Supplemental Application**  
(Complete in addition to the ACORD Application)

Applicant's Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 \_\_\_\_\_  
 NEW BUSINESS       RENEWAL

Agency Name: \_\_\_\_\_  
 Agent: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 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)

**Applicant is:**  Individual       Corporation       Partnership       Joint Venture  
 Limited Liability Company       Other (Specify) \_\_\_\_\_

**Website Address:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Audit Contact Name:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

1. **Limit of Liability Desired:** \_\_\_\_\_
2. **Years of Snow Removal Experience:** \_\_\_\_\_

***3-Year Averages Can be Used for the Following:***

<b>3.</b>	<b>Annual Receipts from Snow &amp; Ice Removal Operations:</b>	<b>\$</b>
	<b>Annual Payroll from Snow &amp; Ice Removal Operations:</b>	<b>\$</b>
	<b>Annual Subcontractors Cost from Snow &amp; Ice Removal Operations:</b>	<b>\$</b>
	<b>Annual Receipts from <u>ALL</u> Contracting Operations:</b>	<b>\$</b>
	<b>Annual Payroll from <u>ALL</u> Contracting Operations:</b>	<b>\$</b>

**Check Off All That Apply for Snow Plowing Operations:**

4.	<input type="checkbox"/>	Convenience Stores	<input type="checkbox"/>	Gas Stations	<input type="checkbox"/>	Big Box Stores (ex Home Depot)
	<input type="checkbox"/>	Pharmacies	<input type="checkbox"/>	Large Grocery Stores	<input type="checkbox"/>	Stadiums
	<input type="checkbox"/>	Hardware Stores	<input type="checkbox"/>	Large Office Parks	<input type="checkbox"/>	Airports
	<input type="checkbox"/>	24-Hour Locations	<input type="checkbox"/>	Banks with ATM's	<input type="checkbox"/>	Hospitals
	<input type="checkbox"/>	Medical Office Buildings	<input type="checkbox"/>	Governmental	<input type="checkbox"/>	Nursing Homes / Assisted Living
	<input type="checkbox"/>	Single Family Homes: # of Homes:		<input type="checkbox"/>	Condo/HOA Assocs: # of Units:	

**List Below All Commercial Snow Plowing Accounts** (attach list if necessary)

5.	Job Description / Location	Nature of Work	Job Cost
			\$
			\$
			\$
			\$

6.	<b>Indicate the percentage of receipts in categories below:</b> (Column should total 100%)		<b>Indicate the type and number of customers in the categories below:</b>	
	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 Customers:
			Municipality/Street & Road County roads, Commuter Parking Lots, etc.)	# of Road Miles:
<b>Total:</b>	%	Interstates, Turnpikes & Thruways	# of Road Miles:	

**Indicate the Number & Type of Equipment Used for Snow & Ice Removal Operations:**

7.	Plows #		Shovels/Pushers #		Salt Spreaders #	
	Snow Blowers #		Sweeper Brooms #			
	Other: (describe)					

8.	<b>Do you require all customers to enter into a written contract?</b> (If Yes, attach a copy) <b>If not required 100% of time describe below when contracts are not required:</b>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
	<b>Do you enter into snow/ice removal contracts written by property owners or other 3<sup>rd</sup> parties? If yes, describe below &amp; provide copies:</b>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
	<b>Do you provide certificates of insurance to all customers? If not provided 100%, describe below when not provided:</b>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>

9.	<b>Do You Have a Log Book?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, describe information captured in log book or provide sample page:			
	<b>Snow Removal Workforce - # and Type of Work Performed by the Following:</b>			
	<b>Principals or Owners:</b>	<b>#</b>	<b>Type of Work:</b>	<b>Payroll: \$</b>
	<b>Full-Time Employees:</b>	<b>#</b>	<b>Type of Work:</b>	<b>Payroll: \$</b>
	<b>Part-Time Employees:</b>	<b>#</b>	<b>Type of Work:</b>	<b>Payroll: \$</b>

10. Do you use Casual or Day Laborers? .....  Yes  No  
If yes, how many: \_\_\_\_\_

11. 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

12. 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? \_\_\_\_\_

13. 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)

14. Does Applicant Carry Commercial Auto?:  Yes  No What Limit? \_\_\_\_\_

15. Any other operations aside from snow removal? \_\_\_\_\_

If Yes, are these operations covered elsewhere?:  Yes  No

16. Prior Carrier & Premium: \_\_\_\_\_

17. 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.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Descriptions and information herein are preliminary to a quote and are not solicitations to buy or offers to sell insurance. Policy issuance is subject to underwriting approval; refer to any actual policies issued for complete details of coverage, exclusions, and limitations.