



## SNOW & ICE REMOVAL CONTRACTORS SUPPLEMENTAL

(to be submitted with Acord 125 and 126)

### SECTION I - Contractor General Information

Name of Applicant:	Effective Date:
# of years Applicant been offering snow removal services under current name?	
Has the applicant done business under a different name in the last 3 years? <input type="checkbox"/> yes <input type="checkbox"/> No If yes, list names and provide details	
Is the Applicant a member of any Snow Removal contractor Association <input type="checkbox"/> yes <input type="checkbox"/> No If yes, which one	

### SECTION II - Snow Removal Operations Information - ALL QUESTIONS MUST BE ANSWERED

1	Total receipts from all snow removal operations for this snow season \$				
	Snow Receipts for the past three seasons: 1 <sup>st</sup> previous: \$ ; 2 <sup>nd</sup> previous : \$ ; 3 <sup>rd</sup> previous: \$				
	# of employees involved in snow removal: (whether plowing, salting, or shoveling)				
2	Does the Applicant use Subcontractors for snow removal: *** Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, answer below				
	What % of snow services are subcontracted by you? %	Total Seasons Subcontracted cost: \$			
	Does applicant require all subcontractors to have GL limits equal to or greater than the Applicant? Yes <input type="checkbox"/> No <input type="checkbox"/>				
	Is Applicant added as an Additional Insured by all subcontractors Yes <input type="checkbox"/> No <input type="checkbox"/>				
	Does Applicant obtain Certificates of Insurance from all subcontractors Yes <input type="checkbox"/> No <input type="checkbox"/>				
***If subcontractors are used-we require copy(ies) of the applicant's standard subcontractor agreement/contract.					
3	Is Applicant a Subcontractor <u>to others</u> ? **Yes <input type="checkbox"/> No <input type="checkbox"/> **If yes, see below				
	Please provide a list of all commercial snow removal customers including the type of occupancy (malls, shopping centers, residential/condo associations, apartment complexes, office complexes, etc along with a copy of each contract.				
4	Does Applicant remove snow from any Street, Road, Highway, Turnpike, or State/Municipal roads? Yes <input type="checkbox"/> No <input type="checkbox"/>				
	If yes, check all that apply:	Snow Plow Only <input type="checkbox"/> # vehicles	Salt truck with Plow attached <input type="checkbox"/> # vehicles	Salting only <input type="checkbox"/> # vehicles	Shoveling only <input type="checkbox"/>
	Detailed Description of Roads serviced is required for quote : Provide a separate list				
	Total # and types of mobile equipment owned, leased or borrowed used for snow removal #				



5	Does Applicant work for any Property Management Companies? **Yes <input type="checkbox"/> No <input type="checkbox"/> **If yes, Provide List of Companies and attach all contracts
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**SECTION III - Loss History / Prior Carrier – MUST SHOW 3 YEARS**

Complete the following information with Prior Carrier for SNOW REMOVAL OPERATIONS			
Policy Year	2015-2016	2014-2015	2013-2014
Carrier			
Do You have Losses either paid, report or reserved?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
A copy of currently valued loss runs for a minimum of 3 years whether answer is yes or no to receive a quote			

**SECTION III - Snow and Ice Removal Services - ALL MUST HAVE WITHER YES or NO ANSWER**

Do you remove Snow for/from:	Yes	No	Do you remove Snow for/from:	Yes	No	Do you remove Snow for/from:	Yes	No
Strip Shopping Centers (greater than 5 stores)	<input type="checkbox"/>	<input type="checkbox"/>	Shopping Malls	<input type="checkbox"/>	<input type="checkbox"/>	Big Box Stores ( Walmart, Home Depot & similar)	<input type="checkbox"/>	<input type="checkbox"/>
Strip Shopping Centers (5 or less stores)	<input type="checkbox"/>	<input type="checkbox"/>	Townhome/ Condo Associations Risks (Single Family Homes, Condos, Townhomes & similar (commons areas, parking lots, driveways, sidewalks)	<input type="checkbox"/>	<input type="checkbox"/>	Townhome/ Condo Associations Risks (Single Family Homes, Condos, Townhomes & similar (street and roads)	<input type="checkbox"/>	<input type="checkbox"/>
Municipalities (parking lots and sidewalks)	<input type="checkbox"/>	<input type="checkbox"/>	Municipalities (streets and roads)	<input type="checkbox"/>	<input type="checkbox"/>	Municipalities (highways)	<input type="checkbox"/>	<input type="checkbox"/>
Municipalities (limited access – freeways/turnpikes etc)	<input type="checkbox"/>	<input type="checkbox"/>	Apartments	<input type="checkbox"/>	<input type="checkbox"/>	Gas Stations	<input type="checkbox"/>	<input type="checkbox"/>
Convenience Stores/Grocery Stores (with/without Gas Pumps)	<input type="checkbox"/>	<input type="checkbox"/>	Railroad, Subway or Light-Rail (stations, platforms, tracks, sidewalks, parking lots)	<input type="checkbox"/>	<input type="checkbox"/>	Health Care Facilities (Hospitals, clinics, medical centers, urgent care, nursing homes, assisted living facilities, etc)	<input type="checkbox"/>	<input type="checkbox"/>
Property Managers (i.e. USM, Brickman, etc)	<input type="checkbox"/>	<input type="checkbox"/>	Airports	<input type="checkbox"/>	<input type="checkbox"/>	Bus Stations	<input type="checkbox"/>	<input type="checkbox"/>
Schools (parking lots and sidewalks)	<input type="checkbox"/>	<input type="checkbox"/>	Schools (Buses and other vehicles)	<input type="checkbox"/>	<input type="checkbox"/>	Schools (Other)	<input type="checkbox"/>	<input type="checkbox"/>

Roofs of any type	<input type="checkbox"/>	<input type="checkbox"/>	Ski Resorts/Lodges	<input type="checkbox"/>	<input type="checkbox"/>	Hotel/Motels	<input type="checkbox"/>	<input type="checkbox"/>
Supermarkets	<input type="checkbox"/>	<input type="checkbox"/>	Office Complexes	<input type="checkbox"/>	<input type="checkbox"/>	Avalanche Control	<input type="checkbox"/>	<input type="checkbox"/>
Use of Explosives	<input type="checkbox"/>	<input type="checkbox"/>	Bridges or Overpasses	<input type="checkbox"/>	<input type="checkbox"/>	Restaurants	<input type="checkbox"/>	<input type="checkbox"/>
100% Residential Driveways Only	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Other not described above: Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe:							

**SECTION III – Acknowledgments, Warranties and Signatures**

BY SIGNING THIS SUPPLEMENTAL APPLICATION BELOW, THE UNDERSIGNED REPRESENTS AND WARRANTS THAT THE STATEMENTS MADE AND INFORMATION PROVIDED IN THIS SUPPLEMENTAL APPLICATION ARE TRUE, COMPLETE AND ACCURATE, AND THAT NO MATERIAL OR RELEVANT FACT HAS BEEN SUPPRESSED, MISSTATED, MISREPRESENTED OR CONCEALED AS OF THE DATE SUCH STATEMENTS AND INFORMATION ARE SUBMITTED TO THE COMPANY. THE APPLICANT AGREES THAT IF ANY STATEMENT MADE OR INFORMATION SUPPLIED IN THIS SUPPLEMENTAL APPLICATION CHANGES OR BECOMES INACCURATE, INCOMPLETE OR UNTRUTHFUL PRIOR TO THE DATE THE COMPANY BINDS THE INSURANCE OR DECLINES TO BIND THE INSURANCE, THE UNDERSIGNED WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW, RESCIND OR MODIFY ANY OUTSTANDING QUOTATION OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

THE UNDERSIGNED ACKNOWLEDGES AND AGREES THAT IF AN INSURANCE POLICY IS BOUND BY THE COMPANY AND THAT POLICY INCLUDES THE INSURANCE THAT IS THE SUBJECT OF THIS SUPPLEMENTAL APPLICATION, THEN THIS SUPPLEMENTAL APPLICATION SHALL BECOME PART OF THE POLICY AND SHALL BE DEEMED TO BE ATTACHED TO THE POLICY.

THE COMPLETION, SIGNING OR SUBMISSION OF THIS SUPPLEMENTAL APPLICATION DOES NOT BIND COVERAGE.

<b>Owner or Officer's Name</b>		<b>Agent's Name</b>	
<b>Title</b>	<b>Date</b>	<b>Agent's Signature</b>	<b>Date</b>
<b>Owner or Officer's Signature</b>	_____	<b>Expiring policy number, if applicable</b>	