

# Snow & Ice Removal Contractors Supplemental Application (Complete in addition to ACORD)

1. Name of Applicant: \_\_\_\_\_
2. Gross Sales: \_\_\_\_\_ Payroll: \_\_\_\_\_ # of employees: \_\_\_\_\_
3. % Residential \_\_\_\_\_ % Commercial \_\_\_\_\_
4. New Venture?  Yes  No  
If yes, explain experience in snow removal business: \_\_\_\_\_
5. Is there any other business that you own/operate?  Yes  No  
If yes, explain: \_\_\_\_\_
6. Where does applicant remove snow and ice from? **(Check all that apply.)**  
 Private Roads  Private Driveways  Parking Lots  Local Public Roads  
 State Roads or Highways  Interstate Highways  Roofs  Sidewalks  
 Other (describe): \_\_\_\_\_
7. If applicant removes snow and ice from parking lots, what are the types and sizes of the lots? (i.e., office buildings, strip malls, supermarket lots, large shopping mall lots, etc.):  
\_\_\_\_\_  
\_\_\_\_\_
8. Does the applicant plow gas stations?  Yes  No
9. Number of trucks owned and used for snowplowing? \_\_\_\_\_
10. Number of mobile equipment units used for snow plowing? \_\_\_\_\_
11. Does applicant carry Commercial Auto Liability on all trucks used for snow plowing?  Yes  No  
If yes, Name of Carrier: \_\_\_\_\_ Limits of Liability: \_\_\_\_\_
12. Are subcontractors used?  Yes  No  
If yes, what % of work is contracted out? \_\_\_\_\_
13. What tasks do the subcontractors perform?  
Provide details: \_\_\_\_\_
14. What Insurance Requirements are made of your subcontractors?  
CGL Limits \_\_\_\_\_  
Business Auto Liability Limits \_\_\_\_\_  
Is applicant an Additional Insured on all subcontractors' CGL policies?  Yes  No  
Is applicant an Additional Insured on all subcontractors' Auto policies?  Yes  No  
Do all subcontractors contractually hold you harmless?  Yes  No  
Does applicant obtain and keep copies of all certificates of insurance evidencing subcontractors' insurance coverages?  Yes  No  
**Please attach sample copy of agreements with subcontractors (insurance requirements, additional insured requirements, and indemnification/hold harmless wording).**
15. Do all subcontractors use trucks and equipment owned by the insured?  Yes  No
16. Does insured use any owner-operators? (Owner-operators are subcontracted or employed drivers who use their own trucks rather than trucks owned and insured by applicant.)  Yes  No
17. List all Additional Insureds and their interests: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Producing Agent