

Snow & Ice Removal Contractors General Liability 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: _____
18. Are you currently working or would you consider working in the state of New York? Yes No
If yes, please provide details on the job or jobs: _____

Applicant's Signature

Date

Title

Producing Agent