



SNOW REMOVAL CONTRACTORS GENERAL LIABILITY APPLICATION SUPPLEMENT

Copies of all active Contractual or Service Agreements must be obtained and reviewed to ensure compliance with our minimum underwriting guidelines.

1.	Proposed First Named Insured & Other Named Insured(s):					
2.	Mailing Address:	Street	City	County	State	Zip Code
3.	Effective Date Desired:			Term Desired:		
4.	Applicant is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Trust					
	<input type="checkbox"/> Other:					
<i>If more than one entity, include the ownership breakdown and a description of operations of each.</i>						
5.	Contact Name:	Title:			Phone:	
6.	Percentage of work performed:	Commercial:	%	Residential:	%	
7.	Total receipts from all operations:			\$		
8.	Total receipts from all snow removal operations:			\$		
9.	Total payroll from all operations:			\$		
10.	Total payroll from snow removal operations:			\$		
11.	Describe insured's other operations (include payroll and sales breakdown):					
	Classification		Payroll		Sales	
12.	Number of employees:					
13.	Years in snow removal business:					
					Yes	No
14.	Do employees use their own vehicles? <i>If yes, provide auto policy information.</i>				<input type="checkbox"/>	<input type="checkbox"/>
15.	Does the insured use independent contractors?				<input type="checkbox"/>	<input type="checkbox"/>
16.	Does the insured do any salting?				<input type="checkbox"/>	<input type="checkbox"/>
17.	Do you snowplow on public streets or roads?				<input type="checkbox"/>	<input type="checkbox"/>
18.	Do you snowplow for any senior housing?				<input type="checkbox"/>	<input type="checkbox"/>
19.	Do you snowplow for any medical facilities?				<input type="checkbox"/>	<input type="checkbox"/>
20.	Do contractual/service agreements provide the following provisions:					
	a. Specified duties regarding timing of snow removal? <i>If no, submit.</i>				<input type="checkbox"/>	<input type="checkbox"/>
	b. Specified duties regarding salting/sanding of walkways? <i>If no, submit.</i>				<input type="checkbox"/>	<input type="checkbox"/>
	c. If a hold harmless agreement indemnifying the job owner (indemnitee) exists, is it limited to direct damages caused solely by the insured snow removal contractor only? <i>If no, submit.</i>				<input type="checkbox"/>	<input type="checkbox"/>
	d. Does the contract contain a mutual or reverse hold harmless agreement?				<input type="checkbox"/>	<input type="checkbox"/>
21.	Auto Carrier:			Limits of Insurance:		

22. Provide a list of all Additional Insureds and their relationship to the Named Insured:

Name	Relationship to Named Insured

FRAUD STATEMENTS

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

LOUISIANA and MAINE: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Refer to the Core Application for all Fraud Statements.

IMPORTANT NOTICE

DECLARATION

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date

Agent Name and Address