

SNOW REMOVAL CONTRACTORS GENERAL LIABILITY SUPPLEMENTAL APPLICATION

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

1.	Named Insure	d							
2.	Mailing Addres	SS							
3.	Effective Date Desired			Term Desired					
4.	Applicant is:		 Partnership Trust clude the ownership bre 				<u>).</u>		
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 insur	ed's other operatior Classificatio	ns (include payroll and s	ales breakdown): Payroll		Sales			
12.	Number of em	ployees							
13.	3. Years in snow removal business Yes No								
14.	Yes4. Do employees use their own vehicles?If yes, please provide auto policy information.								
15.	5. Does the insured use independent contractors?								
16.	5. Does the insured do any salting?								
17.	 7. Do contractual/service agreements provide the following provisions: a. Specified duties regarding timing of snow removal? <i>If no, please submit.</i> b. Specified duties regarding salting/sanding of walkways? <i>If no, please submit.</i> 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, please submit.</i> d. Does the contract contain a mutual or reverse hold harmless agreement? 								
18.	Auto Carrier Limits of Insurance								
	Policy Number Effective/Expiration Dates								

19. Please provide a list of all Additional Insureds and their relationship to the Named Insured:

Name	Relationship to Named Insured

IMPORTANT NOTICE

DECLARATION

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

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment.

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.

Signature of Applicant

Signature of Producing Agent

Agent Name and Address