



SNOW REMOVAL SUPPLEMENTAL APPLICATION

SECTION A: Applicant Information

1. Applicant Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Website: _____ Phone Number: _____
2. Proposed Effective Date: From: _____ To: _____ 12:01 A.M., Standard Time at Address of Applicant

SECTION B: Business Information

1. Form of Insured's business:
☐ Corporation ☐ Partnership ☐ Individual ☐ LLC ☐ Other: _____
3. Limit of liability requested: _____
4. Years of snow removal experience: _____
5. Complete the following using 3-year averages:
Annual receipts from snow and ice removal operations: _____
Annual payroll from snow and ice removal operations: _____
Annual subcontractors cost from snow and ice removal operations: _____
Annual receipts from all contracting operations: _____
Annual payroll from all contracting operations: _____
6. Check all that apply for snow plowing operations below:
- | | | |
|---|---|--|
| ☐ Convenience Stores | ☐ Gas Stations | ☐ Pharmacies |
| ☐ Big Box Stores | ☐ Large Grocery Stores | ☐ Hardware Stores |
| ☐ Stadiums | ☐ Large Office Parks | ☐ 24-hour Locations |
| ☐ Airports | ☐ Banks with ATMs | ☐ Hospitals |
| ☐ Governmental | ☐ Medical Buildings | ☐ Nursing/Assisted Living |
| ☐ Public Streets, Roads, Highways, Interstates | | |
| ☐ Single Family Homes → | Number of Homes: _____ | |
| ☐ Condo/HOA → | Number of Units: _____ | |
7. Complete the table below with all commercial snow plowing accounts (attach separate sheet if necessary):

Job Description/Location	Nature of Work	Job Cost

SECTION C: Operations Information

1. Description of operations:

2. Complete the table below:

Category of Business	% of Receipts	Category	# of Customers/Road Miles
Snow Plowing/Shoveling	%	Single Family Residential	# of customers:
Snow Carting (off site)	%	Manufacturing Facilities	# of customers:
Salting/Ice Treatment	%	Office/Business Parks	# of customers:
Roof Raking/Ice Dam Removal	%	Multi-Family/Condos/Townhomes/Apts.	# of customers:
Other (please describe):	%	Comm. Strip Malls/Banks/Med. Offices	# of customers:
		Municipality/Street And Road (country roads, parking lots, etc.)	# of road miles:
Total	100 %	Interstates/Turnpikes/Thruways	# of road miles:

3. Indicate the number/amount of equipment used for snow and ice removal (if not used, write N/A):

Plows: _____
 Shovels/Pushers: _____
 Salt Spreaders: _____
 Snow Blowers: _____
 Sweeper Brooms: _____
 Other (please specify): _____

4. Does the Insured require all customers to enter into a written contract? *if yes, please attach a copy* ☐ Yes ☐ No
 If not required 100 percent of the time, describe when contracts are not required:

5. Does the Insured enter into snow/ice removal contracts written by property owners or other 3rd parties? ☐ Yes ☐ No
 If yes, describe below and *please attach copies*:

6. Does the Insured provide certificates of insurance to all customers? ☐ Yes ☐ No
 If not provided 100 percent of the time, describe when not provided:

7. Does the Insured have a logbook? ☐ Yes ☐ No
 If yes, describe information captured in a logbook or provide sample page:

8. Complete the table below

Type of Employee	# of Employees	Type of Work Done	Payroll
Principal or Owner			\$
Full Time Employee			\$
Part Time Employee			\$

9. Does the Insured perform any snow plowing in NY? ☐ Yes ☐ No
 If yes, what percentage is done in NY? _____

10. Does the Insured perform any snow plowing in the 5 Boroughs of NY? ☐ Yes ☐ No
 If yes, what percentage of the NY total above is done in the 5 Boroughs? _____

11. Is the Insured required to name any of your customers as an additional insured? ☐ Yes ☐ No
If yes, please attach a list of customers who require additional insured status including whether it needs to be Primary/Noncontributory, include Completed Operations, or if they require a Waiver of Subrogation?

12. Does the Insured carry commercial auto? ☐ Yes ☐ No
 If yes, what is the limit? _____

13. List prior carrier and premium:

14. List any prior losses:

SECTION D: Subcontractor Information

1. Are subcontractors ever used for snow removal? ☐ Yes ☐ No
2. Are certificates of insurance obtained from subcontractors? ☐ Yes ☐ No
3. What are the minimum limits required? _____
4. Does the Insured use uninsured subcontractors? ☐ Yes ☐ No
If yes, what is the percentage of total subcontracted cost? _____
5. Are written contracts obtained from all subcontractors and include a hold harmless clause in your favor? ☐ Yes ☐ No
If no, explain when not required: _____
6. Is the Insured named as an additional interest on the subcontractors' policies? ☐ Yes ☐ No
7. Does the Insured normally use the same subcontractors? ☐ Yes ☐ No

SECTION E: Notice and Signature

The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on any application, supplemental questionnaire or other written correspondence submitted in support of the submission made for purposes of obtaining insurance quotations and/or coverage for the applicant. They represent that the answers are true, correct and complete to the best of their knowledge.

Applicant Name: _____

Applicant Title: _____

Applicant Signature: _____

Date: _____