

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

1. Name & Address of Applicant: \_\_\_\_\_
2. State(s)/Area of Operations: \_\_\_\_\_
3. Website: \_\_\_\_\_
4. How many years in business (if new or in business less than 2 years, please advise prior experience in snow/ice removal operations)?  
 \_\_\_\_\_

**OPERATIONS**

5. **Regarding Snow Removal Operations, provide:**  
 Gross Sales: \$ \_\_\_\_\_ Payroll: \$ \_\_\_\_\_ # of Employees: \_\_\_\_\_
6. **Describe your snow and ice removal, salting and/or sanding operations (must equal 100%):**

OPERATIONS	%	OPERATIONS	%
Residential Driveways		Small Retail Parking Lots/Sidewalks (fast food/drug store)	
Office Complex Parking Lots/Sidewalks		Strip Malls or Retail Shopping Centers (25 stores or less)	
Apartment Complex Parking Lots/Sidewalks		Large Retail Stores (Walmart, Home Depot, etc.)	
Local Public Roads		Mall Parking Lots/Sidewalks (over 25 stores)	
Private Roads		Colleges/Universities	
Condo/Townhouse Complex Streets/Sidewalks		Supermarkets	
State & Interstate Highways		Industrial Parking Lots	
Rooftops		Stadiums/Arenas	
Airports		Hospitals, Assisted Living or Nursing Homes	
Utilities		Gas Stations (stand alone or with convenience & large retail stores)	
Transit Centers/Stations (parking lots & platforms)		Avalanche control and/or use of explosives	
Construction Sites		Other (describe):	

7. **List your 3 largest commercial snow & ice removal, salting &/or sanding accounts:**

Customer Name	Type of Business	Size of Area Plowed

**Subcontractors and Owner Operators:**

8. Are Subcontractors and/or owner operators used?  Yes  No

**Owned Equipment:**

9. Number of plows you own that are used by you, your employees and your subcontractors for snow and ice removal, salting and sanding: \_\_\_\_\_
10. Number of pieces of mobile and utility equipment (including snow blowers) you own that are used by you, your employees and subcontractors for snow and ice removal, salting and sanding: \_\_\_\_\_

**Non Owned Equipment:**

11. Number of plows owned by your subcontractors and/or owner operators that are used in your operations for the removal of snow and ice, salting and sanding: \_\_\_\_\_
12. Number of pieces of mobile and utility equipment (including snow blowers) owned by your subcontractors and/or owner operators that are used in your operations for the removal of snow and ice, salting and sanding: \_\_\_\_\_

**If Rooftop Shoveling is part of your operations, complete the following:**

13. Are snow blowers or heavy equipment used?  Yes  No
14. Is any rooftop snow/ice removal done on Industrial Buildings?  Yes  No
15. Are any of the rooftops worked on over 3 stories?  Yes  No
16. Describe precautionary measures taken to protect pedestrians and property on the ground while removing ice/snow from roofs: \_\_\_\_\_

**INSURANCE**

17. a. Do you have Commercial Auto Liability Insurance in place?  Yes  No  
 Limits: \$ \_\_\_\_\_  
 (must meet state minimum required liability limit)

- b. Is snow and ice removal/plowing excluded?  Yes  No

**Please advise the following regarding the Insurance coverages you require of your Subcontractors and/or Owner Operators:**

18. a. Is Snow and Ice Removal CGL coverage required?  Yes  No Name of Carrier: \_\_\_\_\_

- b. CGL Limits required: \$ \_\_\_\_\_

19. Is Commercial Auto Liability Insurance without a Snow & Ice Removal exclusion required?  Yes  No  
 Commercial Limits required: \$ \_\_\_\_\_

(must meet state minimum required liability limit)

20. Are you an Additional Insured on all Subcontractors/Owner Operators CGL policies?  Yes  No
21. Are you an Additional Insured on all Subcontractors/Owner Operators Auto policies?  Yes  No
22. Do all Subcontractors/Owner Operators contractually hold you harmless?  Yes  No
23. Do you obtain and keep copies of all Certificates of Insurance evidencing Subcontractors/Owner Operators' insurance coverages?  Yes  No

**PLEASE ATTACH A SAMPLE COPY OF AGREEMENTS WITH SUBCONTRACTORS/OWNER OPERATORS (INSURANCE REQUIREMENTS, ADDITIONAL INSURED REQUIREMENTS AND INDEMNIFICATION/HOLD HARMLESS WORDING).**

24. Please provide a list of all Additional Insureds and their relationships to the Named Insured (use an attachment if necessary.)

Name	Relationship

25. Are you currently working or would you consider working in the state of New York?  Yes  No

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

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