

**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

FRAUD WARNING STATEMENTS

Alabama	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
Arkansas Louisiana West Virginia	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Colorado	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
District of Columbia	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
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.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
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 may include imprisonment, fines, or denial of insurance benefits.
Maryland	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
New Jersey	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
New York	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. Fire: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.
Ohio	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
Oklahoma	WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Oregon	Fire: This entire policy shall be void if, whether before or after a loss, the insured has willfully concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof, or the interest of the insured therein, or in case of any fraud or false swearing by the insured relating thereto.
Pennsylvania	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
Rhode Island	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Tennessee Virginia Washington	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.
All Other States	Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison.

Applicant's Signature

Date

Title

Producing Agent