



# Snow and Ice Removal Contractors General Liability Supplemental Application

1. Name of Applicant: \_\_\_\_\_

2. Address of Applicant: \_\_\_\_\_

3. For Snow Removal Only - Gross Sales: \_\_\_\_\_ Payroll: \_\_\_\_\_ # of Employees: \_\_\_\_\_

4. % Residential: \_\_\_\_\_ % Commercial: \_\_\_\_\_

5. New Venture?

If yes, explain experience in snow removal business: \_\_\_\_\_

6. Where does applicant remove snow and ice from?

- |                         |                     |                   |                    |
|-------------------------|---------------------|-------------------|--------------------|
| Parking Lots            | Private Roads       | Private Driveways | Local Public Roads |
| State Roads or Highways | Interstate Highways | Roofs             | Sidewalks          |
| Other (describe): _____ |                     |                   |                    |

7. Please identify your two largest contracts: \_\_\_\_\_

8. Do you use contracts developed by third parties?  Yes  No

9. Do you name any other entities as additional insured for snow plowing operations?  Yes  No

10. Do you contractually hold harmless or indemnify another party for snow plowing operations?  Yes  No

11. Do you provide snow removal services ever without a contract?  Yes  No

**IF YOU ANSWERED "YES" TO 8 TO 11 ABOVE, DO YOU ACKNOWLEDGE THAT SUCH ACTIONS OR CONTRACTS UNDER THE GOLDEN SNOW REMOVAL INSURANCE PROGRAM RESULT IN NO COVERAGE UNDER THE POLICY?**  Yes  No

**Note: Coverage under the Golden policy (if issued) is limited to only snow removal operations provided under the approved snow removal contract. There is also no coverage for losses arising out of other contracts entered into before the effective date of the Golden insurance policy, or operations without a contract.**

12. Number of Trucks owned and used for snowplowing? \_\_\_\_\_

13. Number of Mobile Equipment Units used for snow plowing? \_\_\_\_\_

14. Does applicant carry Commercial Auto Liability on all trucks used for snow plowing?  Yes  No

If yes please name carrier: \_\_\_\_\_ Limits of Liability: \_\_\_\_\_

15. Are subcontractors used?  Yes  No

if yes what % of work is contracted out? \_\_\_\_\_ Number of subcontractors: \_\_\_\_\_

16. What tasks do the subcontractors perform?

Provide details: \_\_\_\_\_

17. What Insurance Requirements are made of your subcontractors?

CGL Limits: \_\_\_\_\_ Business Auto Liability: \_\_\_\_\_

Is applicant an Additional Insured on all subcontractors CGL policies?  Yes  No

Do all subcontractors contractually hold you harmless?  Yes  No

Do you obtain and keep copies of all certificates of Insurance evidencing subcontractors' insurance coverages?  Yes  No

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title