

Snow and Ice Removal Contractors Supplemental Application
(To be submitted with ACORD Applications)

1. Applicant: _____
2. Applicant mailing address: _____
3. Website: _____
4. State(s)/Area of Operations: _____
5. Describe all operations in detail: _____

OPERATIONS: (Please note that ACIC does not write monoline Snow/Ice Removal Operations)

6. Regarding operations **other than** Snow/Ice Removal, please provide:
Describe other operations in detail (see Classification Guide for acceptable operations and complete separate application if required): _____

Gross Sales: \$_____ Payroll: \$_____ Number of Employees: _____

% of Other work performed as noted above: _____ % of Snow/Ice Removal: _____

7. Regarding Snow/Ice Removal operations, please provide:

Years in business: _____

(if new or in business less than 3 years, please advise prior experience in snow/ice removal operations)?

Gross Sales: \$_____ Payroll: \$_____ Number of Employees: _____

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8. Describe your snow and ice removal, salting and/or sanding operations (must equal 100%)

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

9. List your 3 largest commercial snow & ice removal, salting &/or sanding clients:

Customer Name	Type of Business	Size of Work Area
_____	_____	_____
_____	_____	_____
_____	_____	_____

Subcontractors and Owner Operators:

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

Owned Equipment:

11. Number of plows you own that are used by you, your employees and your subcontractors for snow and ice removal, salting and sanding: _____

12. 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:

13. Number of plows owned by your subcontractors and/or owner operators that are used in your operations for snow and ice removal, salting and sanding: _____

14. 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 removal, salting and sanding: _____

Insurance:

14. Do you have Commercial Automobile Liability Insurance in place? ☐ Yes ☐ No

Limits: \$ _____

Is snow and ice removal/plowing excluded? ☐ Yes ☐ No

15. Subcontractor's/Owner Operator CGL limits: _____

a. Insurance carrier: _____

b. Effective dates: _____

c. Coverage includes Snow and Ice Removal for CGL coverage? ☐ Yes ☐ No

d. Coverage includes Snow and Ice Removal for Auto coverage? ☐ Yes ☐ No

e. Are you listed as an Additional Insured on all Subcontractor/Owner Operator Policies? ☐ Yes ☐ No

- f. Do the subcontractors/owner operator name the insured as additional insured and provide a Waiver of Subrogation under their CGL policy? ☐ Yes ☐ No
- g. Attach a copy of the certificate of insurance showing evidence of contractors insurance and insured's additional insured status as regards operations for the project. ☐ Attached

Loss History

16. Have you had any Snow or Ice Removal losses in the past 5 years? ☐ Yes ☐ No

If operations are in Michigan, 3 year hardcopy loss runs required.

☐ Attached

If yes, please provide details:

Date of loss	Description	Amount paid/reserve
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PRODUCER'S SIGNATURE

DATE:

APPLICANT'S SIGNATURE

DATE:

APPLICABLE IN THE STATE OF 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.

FRAUD WARNING:

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.