

Western World Insurance Company

Tudor Insurance Company

Stratford Insurance Company

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

1. Name of Applicant: _____

2. Gross Sales: _____ Payroll: _____ # of employees: _____

3. % Residential _____ % Commercial _____

4. New Venture? Yes No

If yes, explain experience in snow removal business: _____

5. Is there any other business that you own/operate? Yes No

If yes, explain: _____

6. Where does applicant remove snow and ice from? (Check all that apply.)

Private Roads Private Driveways Parking Lots Local Public Roads

State Roads or Highways Interstate Highways Roofs Sidewalks

Other (describe): _____

7. If applicant removes snow and ice from parking lots, what are the types and sizes of the lots? (i.e., office buildings, strip malls, supermarket lots, large shopping mall lots, etc.):

8. Does the applicant plow gas stations? Yes No

9. Number of trucks owned and used for snowplowing? _____

10. Number of mobile equipment units used for snow plowing? _____

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

If yes, Name of Carrier: _____ Limits of Liability: _____

12. Are subcontractors used? Yes No

If yes, what % of work is contracted out? _____

13. What tasks do the subcontractors perform?

Provide details: _____

14. What Insurance Requirements are made of your subcontractors?

CGL Limits _____

Business Auto Liability Limits _____

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

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

Do all subcontractors contractually hold you harmless? Yes No

Does applicant obtain and keep copies of all certificates of insurance evidencing subcontractors' insurance coverages? Yes No

Please attach sample copy of agreements with subcontractors (insurance requirements, additional insured requirements, and indemnification/hold harmless wording).

15. Do all subcontractors use trucks and equipment owned by the insured? Yes No

16. Does insured use any owner-operators? (Owner-operators are subcontracted or employed drivers who use their own trucks rather than trucks owned and insured by applicant.) Yes No

17. List all Additional Insureds and their interests: _____

Applicant's Signature

Date

Title

Producing Agent