

1. Location Of Operations:

Street Address and City	State
1. <input type="checkbox"/> Same as mailing address	
2.	
3.	

2. How many years has applicant been in business? _____ Full-time Part-time
 Years of experience in this field: _____

3. Does applicant use pesticides or herbicides? Yes No
 If yes: Are they EPA approved? Yes No
 How are employees trained in handling them? _____

What is the percentage of operations? %
 Any algae or plant control in lakes, ponds, rivers and streams? Yes No
 If yes, percentage of sales? %

4. Does applicant subcontract work? Yes No
 If yes: Annual subcontract cost: \$ _____
 Type of work subcontracted: _____
 Are Certificates of Insurance obtained? Yes No
 Minimum limits required of subcontractors: \$ _____

5. Description Of Operations:

Operation	Payroll	Receipts
Arborists	\$	\$
Controlled Burns	\$	\$
Crop dusting or aerial spraying	\$	\$
Fumigation	\$	\$
Highway or utility right-of-way maintenance	\$	\$
Landscaping	\$	\$
Lawn Care Service (maintenance, mowing, fertilizing, etc.)	\$	\$
Sales of commercial fruit trees and/or seeds	Not Applicable	\$
Snow or ice removal	Residential	\$
	Commercial—Retail	\$
	Commercial—Other	\$
	Public Streets or Roads	\$
Tree trimming	\$	\$
Tree/stump removal	\$	\$
Other—Please describe:	\$	\$
Total	\$ (excluding snow removal)	\$

6. Employee Data:

Category	Number
Owner(s) only	
Other than clerical:	
Full-time	
Part-time	
Leased	
Total	

7. Additional Insured Information:

Name	Address	Interest

8. During the past three years has any company canceled, declined or refused similar insurance to the applicant? (Not applicable in Missouri) Yes No

If yes, please explain: _____

9. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?..... Yes No

If yes, describe: _____

10. Does applicant have any other business ventures for which coverage is not requested?..... Yes No

If yes, explain and advise where insured: _____

11. Prior Carrier Information:

	Year:	Year:	Year:
Carrier			
Policy No.			
Coverage			
Occurrence or Claims Made			
Total Premium			

12. Loss History:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. Check if no losses last three years.

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

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. **(Not applicable to Oregon).**

NOTICE TO ALABAMA APPLICANTS: 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.

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: 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 a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: 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.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO RHODE ISLAND APPLICANTS: 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.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND 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.

NEW YORK OTHER THAN AUTOMOBILE 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 shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.



**SNOW REMOVAL CONTRACTORS
 GENERAL LIABILITY APPLICATION SUPPLEMENT**

Copies of all active Contractual or Service Agreements must be obtained and reviewed to ensure compliance with our minimum underwriting guidelines.

1. Proposed First Named Insured & Other Named Insured(s):

2. Mailing Address: Street City County State Zip Code

3. Effective Date Desired: Term Desired:

4. Applicant is: Individual Partnership Corporation LLC Trust
 Other:

If more than one entity, include the ownership breakdown and a description of operations of each.

5. Contact Name: Title: Phone:

6. Percentage of work performed: Commercial: % Residential: %

7. Total receipts from all operations: \$

8. Total receipts from all snow removal operations: \$

9. Total payroll from all operations: \$

10. Total payroll from snow removal operations: \$

11. Describe insured's other operations (include payroll and sales breakdown):

Classification	Payroll	Sales

12. Number of employees:

13. Years in snow removal business:

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 14. Do employees use their own vehicles? <i>If yes, provide auto policy information.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Does the insured use independent contractors? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Does the insured do any salting? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Do you snowplow on public streets or roads? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Do you snowplow for any senior housing? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Do you snowplow for any medical facilities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Do contractual/service agreements provide the following provisions: | | |
| a. Specified duties regarding timing of snow removal? <i>If no, submit.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Specified duties regarding salting/sanding of walkways? <i>If no, submit.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. If a hold harmless agreement indemnifying the job owner (indemnitee) exists, is it limited to direct damages caused solely by the insured snow removal contractor only? <i>If no, submit.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Does the contract contain a mutual or reverse hold harmless agreement? | <input type="checkbox"/> | <input type="checkbox"/> |

21. Auto Carrier: Limits of Insurance:

22. Provide a list of all Additional Insureds and their relationship to the Named Insured:

Name	Relationship to Named Insured

FRAUD STATEMENTS

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.

LOUISIANA and 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 include imprisonment, fines, and denial of insurance benefits.

Refer to the Core Application for all Fraud Statements.

IMPORTANT NOTICE

DECLARATION

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date

Agent Name and Address