



*Please visit www.allrisks.com/submit-a-risk or contact your current All Risks, Ltd. producer to submit applications.

Snow and Ice Removal Contractors General Liability Supplemental Application

- Name of Applicant: _____
Address: _____
- State(s)/Area of Operations: _____
- Website: _____
- How many years in business (if new or in business less than 2 years, please advise prior experience in snow/ice removal operations): _____

OPERATIONS

- Regarding Snow Removal Operations, provide:
Gross Sales: \$ _____ Payroll: \$ _____ # of Employees: _____
- Describe your snow & ice removal, salting and/or sanding operations (must equal 100%):

Operations	%	Operations	%
Residential Driveways		Small Retail Parking Lots/Sidewalks	
Office Complex Parking Lots/Sidewalks		Strip Malls or Retail Shopping Centers (<25 stores)	
Apartment Complex Parking Lots/Sidewalks		Large Retail Stores (Walmart, Home Depot, etc)	
Local Public Roads		Mall Parking Lots/Sidewalks (>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: _____	

- 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:

- Are subcontractors and/or owner operators? Yes No

Owned Equipment:

- Number of plows you own that are used by you, your employees, and your subcontractors for snow and ice removal, salting, and sanding: _____
- 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. Do you have Commercial Auto Liability Insurance in place? Yes No
Limits: \$ _____ (must meet state minimum required liability limits)
- 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. Is Snow and Ice Removal CGL coverage requires? Yes No
Name of Carrier: _____ CGL Limits required: \$ _____
- 19. Is Commercial Auto Liability Insurance without a Snow & Ice Removal exclusion required? Yes No
Commercial Limits requires: \$ _____ (must meet state minimum required liability limit)
- 20. Are you an Additional Insured on all Subcontractors/Owner Operations 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

Applicant Signature: _____ Date: _____

Title: _____ Producing Agent: _____