



# CHUTTER

UNDERWRITING SERVICES

## SNOW REMOVAL CONTRACTORS SUPPLEMENT

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

Location Address	Street	City	County	State	ZIP Code
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### BUSINESS INFORMATION

1. Percentage of work performed: Commercial: \_\_\_\_\_ % Residential: \_\_\_\_\_ %

2. Total receipts from all operations: \$ \_\_\_\_\_

3. Total receipts from all snow removal operations: \$ \_\_\_\_\_

4. Total payroll from all operations: \$ \_\_\_\_\_

5. Total payroll from snow removal operations: \$ \_\_\_\_\_

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

Classification	Payroll	Sales
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

7. Years in snow removal business: \_\_\_\_\_

8. Number of employees: \_\_\_\_\_

9. Do employees use their own vehicles? *If yes, provide auto policy information.* Yes  No

Auto Carrier: _____	Limits of Insurance: _____
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10. Does the insured use independent contractors? Yes  No

11. Does the insured do any salting? Yes  No

12. Do you snowplow on public streets or roads? Yes  No

13. Do you snowplow for any senior housing? Yes  No

14. Do you snowplow for any medical facilities? Yes  No

15. Do contractual/service agreements provide the following provisions:

a. Specified duties regarding timing of snow removal? *If no, submit.* Yes  No

b. Specified duties regarding salting/sanding of walkways? *If no, submit.* Yes  No

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? *If no, submit.* Yes  No

d. Does the contract contain a mutual or reverse hold harmless agreement? Yes  No

### 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
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Producer Signature	Date
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Agent Name and Address