



SNOW REMOVAL CONTRACTORS
GENERAL LIABILITY SUPPLEMENTAL APPLICATION

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

- 1. Named Insured
2. Mailing Address
3. Effective Date Desired Term Desired
4. Applicant is: Individual Partnership Corporation LLC Trust Other
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):

Table with 3 columns: Classification, Payroll, Sales

- 12. Number of employees
13. Years in snow removal business

- 14. Do employees use their own vehicles?
15. Does the insured use independent contractors?
16. Does the insured do any salting?
17. Do contractual/service agreements provide the following provisions:
a. Specified duties regarding timing of snow removal?
b. Specified duties regarding salting/sanding of walkways?
c. If a hold harmless agreement indemnifying the job owner exists, is it limited to direct damages caused solely by the insured snow removal contractor only?
d. Does the contract contain a mutual or reverse hold harmless agreement?

- 18. Auto Carrier Limits of Insurance
Policy Number Effective/Expiration Dates

19. Please provide a list of all Additional Insureds and their relationship to the Named Insured:

Name	Relationship to Named Insured

**IMPORTANT NOTICE**

**DECLARATION**

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

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment.

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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Producing Agent

\_\_\_\_\_  
Agent Name and Address

## **IMPORTANT NOTICE REGARDING COMPENSATION DISCLOSURE**

For information about how Northfield compensates its agents, brokers and program managers, please visit this website:

[http://www.northlandins.com/Producer\\_Compensation\\_Disclosure.asp](http://www.northlandins.com/Producer_Compensation_Disclosure.asp)

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Northfield Insurance Company, c/o Law Department, 385 Washington St., St. Paul, MN 55102.