



*(Complete in addition to the ACORD Application)*

**APPLICANT INFORMATION**

APPLICANT NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

LOCATION ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NEW BUSINESS     RENEWAL

**AGENCY INFORMATION**

AGENCY NAME: Grand General Agency

AGENT: \_\_\_\_\_

ADDRESS: 1240 Chicago Dr

CITY: Jenison STATE: MI ZIP: 49428

EMAIL: commercial@thehelpfulpeople.com PHONE: 800-869-2022

**PROPOSED EFFECTIVE DATE:** From \_\_\_\_\_ to \_\_\_\_\_ **12:01 A.M., Standard Time at the address of the Applicant**

**ANSWER ALL QUESTIONS**

**APPLICANT IS:**

- INDIVIDUAL                       CORPORATION                       PARTNERSHIP                       JOINT VENTURE  
 LIMITED LIABILITY COMPANY     OTHER: *(specify)* \_\_\_\_\_

WEBSITE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

AUDIT CONTACT NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

LIMIT OF LIABILITY DESIRED: \_\_\_\_\_

YEARS OF SNOW REMOVAL EXPERIENCE: \_\_\_\_\_

**3-YEAR AVERAGES CAN BE USED FOR THE FOLLOWING:**

ANNUAL RECEIPTS FROM SNOW & ICE REMOVAL OPERATIONS:	\$
ANNUAL PAYROLL FROM SNOW & ICE REMOVAL OPERATIONS:	\$
ANNUAL SUBCONTRACTORS COST FROM SNOW & ICE REMOVAL OPERATIONS:	\$
ANNUAL RECEIPTS FROM ALL CONTRACTING OPERATIONS:	\$
ANNUAL PAYROLL FROM ALL CONTRACTING OPERATIONS:	\$

**CHECK OFF ALL THAT APPLY FOR SNOW PLOWING OPERATIONS:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CONVENIENCE STORES  | <input type="checkbox"/> GAS STATIONS         | <input type="checkbox"/> BIG BOX STORES (ex. Home Depot) |
| <input type="checkbox"/> PHARMACIES  | <input type="checkbox"/> LARGE GROCERY STORES | <input type="checkbox"/> STADIUMS                        |
| <input type="checkbox"/> HARDWARE STORES   | <input type="checkbox"/> LARGE OFFICE PARKS   | <input type="checkbox"/> AIRPORTS                        |
| <input type="checkbox"/> 24-HOUR LOCATIONS   | <input type="checkbox"/> BANKS WITH ATMs      | <input type="checkbox"/> HOSPITALS                       |
| <input type="checkbox"/> MEDICAL OFFICE BUILDINGS                                  | <input type="checkbox"/> GOVERNMENTAL         | <input type="checkbox"/> NURSING HOMES / ASSISTED LIVING |
| <input type="checkbox"/> PUBLIC STREETS, ROADS, HIGHWAYS, INTERSTATES              |   |  |
| <input type="checkbox"/> SINGLE FAMILY HOMES: NUMBER OF HOMES: _____               |   |  |
| <input type="checkbox"/> CONDO / HOA ASSOCS.: NUMBER OF UNITS: _____ (any one loc) |   |  |

**LIST BELOW ALL COMMERCIAL SNOW PLOWING ACCOUNTS (attach list if necessary)**

JOB DESCRIPTION / LOCATION	NATURE OF WORK	JOB COST
		\$
		\$
		\$
		\$

INDICATE THE PERCENTAGE OF RECEIPTS IN CATEGORIES BELOW: <i>(Column should total 100%)</i>		INDICATE THE TYPE AND NUMBER OF CUSTOMERS IN THE CATEGORIES BELOW:	
SNOW PLOWING / SHOVELING	%	SINGLE FAMILY RESIDENTIAL	# OF CUSTOMERS:
SNOW CARTING (off site)	%	MANUFACTURING FACILITIES	# OF CUSTOMERS:
SALTING / ICE TREATMENT	%	OFFICE / BUSINESS PARKS	# OF CUSTOMERS:
ROOF RAKING / ICE DAM REMOVAL	%	MULTI-FAMILY, CONDO / TOWNHOUSE / APARTMENT COMPLEXES	# OF CUSTOMERS:
OTHER (describe):	%	COMMERCIAL STRIP MALLS, BANKS, MEDICAL OFFICES & FACILITIES	# OF CUSTOMERS:
		MUNICIPALITY / STREET & ROAD (county roads, commuter parking lots, etc.)	# OF ROAD MILES:
<b>TOTAL</b>	<b>%</b>	INTERSTATES, TURNPIKES & THRUWAYS	# OF ROAD MILES:

**INDICATE THE NUMBER & TYPE OF EQUIPMENT USED FOR SNOW & ICE REMOVAL OPERATIONS:**

PLOWS #		SHOVELS / PUSHERS #		SALT SPREADERS #	
SNOW BLOWERS #		SWEEPER BROOMS #			
OTHER: (describe)					

Do you require all customers to enter into a written contract? (If yes, attach a copy)  Yes  No  
 If not required 100% of time describe below when contracts are not required:

Do you enter into snow/ice removal contracts written by property owners or other 3<sup>rd</sup> parties?  Yes  No  
 If yes, describe below & provide copies:

Do you provide certificates of insurance to all customers?  Yes  No  
 If not provided 100%, describe below when not provided:

Do you have a log book?  Yes  No  
 If yes, describe information captured in log book or provide sample page:

**SNOW REMOVAL WORKFORCE - # AND TYPE OF WORK PERFORMED BY THE FOLLOWING:**

Principals or Owners:		Type of Work:	Payroll: \$
Full-Time Employees:		Type of Work:	Payroll: \$
Part-Time Employees:		Type of Work:	Payroll: \$

Do you use Casual or Day Laborers?  Yes  No

If yes, how many: \_\_\_\_\_

Are subcontractors ever used for snow removal?  Yes  No

Are certificates of insurance obtained from subcontractors?  Yes  No

Minimum Limits Required: \$ \_\_\_\_\_

Do you use uninsured subcontractors?  Yes  No

If YES, percentage of total subcontracted cost: \_\_\_\_\_%

Are written contracts obtained from all subcontractors which include a hold harmless clause in your favor?  Yes  No

If NO, explain when not required:

Are you named as an additional interest on the subcontractors' policies?  Yes  No

Do you normally use the same subcontractors?  Yes  No

Does Applicant perform any snow plowing in NY?:  Yes  No

If YES, what percentage?

Any snow plowing in the 5 Boroughs of NY?  Yes  No

If YES, what % of the NY Total? \_\_\_\_\_%

Are you required to name any of your customers as an additional insured?:  Yes  No

If YES, please attach a list of customers who require Additional Insured status including whether it needs to be Primary/ Noncontributory, include Completed Operations or if they require a Waiver of Subrogation

Does Applicant Carry Commercial Auto?  Yes  No

What Limit? \_\_\_\_\_

Any other operations aside from snow removal?  Yes  No

If YES, are these operations covered elsewhere?  Yes  No

Prior Carrier & Premium:

Prior Losses:

*NOTE: 3-5 year loss runs will be required*

## 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.

APPLICANT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_