

Snow Plowing Questionnaire
Complete in addition to the ACORD

APPLICANT'S NAME: _____

MAILING ADDRESS: _____

AGENT NAME: _____

1. Limit of Liability Desired: _____

2. Years of Experience: _____

3. Any Plowing of Streets or Roads?: _____

4. Types of Snow Removal Jobs to be Performed: _____

5. Estimated Snow Plowing Payroll: _____

6. Estimated Snow Plowing Receipts: _____

7. Number of Owners: _____

8. Number of Employees (snow plow related): _____

9. Number of Vehicles used for Snow Plowing: _____

10. Does Applicant Carry Commercial Auto?: _____ What Limit? _____

11. Prior Carrier & Premium: _____

12. Prior Losses: _____

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'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____

(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ **DATE:** _____