

Buschbach Insurance Agency, part of the InsureOne Family
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SNOW REMOVAL SUPPLEMENTAL APPLICATION

1. Applicant's Name: _____
2. Total Receipts from all operations: _____ from snow removal: _____
3. Total Payroll from all operations: _____ from snow removal: _____
4. Total Subcontracted cost from all operations _____ from snow removal: _____
5. Number of Owners: _____ Number of Employees: _____ Years in the Snow Removal business: _____
6. Percentage of Work Performed: Commercial: _____ Industrial: _____ Residential: _____
7. Indicate percentage of receipts for each type of work:

Type of Work	Percent	Type of Work	Percent
Private Driveways		Interstate Highways	
Private Streets/Roads		Public Sidewalks/Walkways	
Private Sidewalks/Walkways		Public Streets/Roads	
Parking Lots *		State Roads/Highways	
Roofs		Salting	

* Describe types and sizes of parking lots (i.e. hospitals, office buildings, shopping centers, condos, etc.)

8. Does applicant have a Commercial Auto Policy in force? Yes No Limit of liability _____
9. Describe equipment used? _____

What is the experience of operators? _____

10. Do contractual/service agreements provide the following provisions:
 - a. Specified duties regarding timing of snow removal Yes No
 - b. Specified duties regarding salting/sanding of walkways? Yes No
 - c. Is there a hold harmless/indemnification agreement Yes No
 - d. Does the contract specifically disclaim applicant's responsibility for refreeze? Yes No
11. Is the applicant a member of SIMA (Snow & Ice Management Assn) or similar organization? Yes No

FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties.

Broker: _____ Code: _____ Inspection Contact: _____

Phone No.: _____ Date: _____ Phone _____

Signature: _____

Applicant

Date

IMPORTANT: ONLY BUSCHBACH INSURANCE AND/OR THE INSURERS IT REPRESENTS HAVE THE AUTHORITY TO BIND COVERAGE. IF IMMEDIATE COVERAGE IS REQUIRED PLEASE CONTACT OUR COMMERCIAL DEPARTMENT BY PHONE.