



New England Excess Exchange, Ltd.

P O Box 219 - Montpelier VT 05601 - 800.548.4301 - Fax 800.347.4935

Please visit our website: www.neee.com

MOBILE EQUIPMENT SNOW REMOVAL PROGRAM – VT, NH, ME

Program written through AM Best Rated A Capitol Specialty Insurance Company



300/600 Limits
First Two Pieces of Equip. = **\$875**
Each Additional Piece of Equip. = **\$250**

500/1 Mil Limits
First Two Pieces of Equip. = **\$1000**
Each Additional Piece of Equip. = **\$275**

1 Mil/2 Mil Limits
First Two Piece of Equip. = **\$1150**
Each Additional Piece of Equip. = **\$300**

All Premiums Subject to Tax and \$85 Fee

Program Qualifiers: (No coverage may be bound without confirming these facts)

- Insured does no municipal plowing
- No GL snowplowing claims in past three years
- No more than a 6 equipment operation

Coverage Facts:

- Includes competed operations
- Excludes Fire Damage, Medical Payments & PI/Advertising
- Premium is fully earned at inception
- \$2500 PD and \$500 BI deductible
- **CICL 047 Exclusion Designated Work/Activities – “Mobile Equipment Traveling Over Public Roadways”**

PLEASE BIND EFF: _____

Program Policy Term: NOVEMBER 1st, 2011 - MAY 1st, 2012

1. Name of Insured: _____
2. Address: _____
3. Limits Requested (circle one): **300/600** **500/1 Mil** **1 Mil/2 Mil**
4. Years of Snow Plowing Experience: _____
5. Primary Occupation: _____
6. Estimated Snow Plowing Receipts: _____
7. Contract Held With Client? _____ (if yes, please attach a copy)
8. Pieces of Equipment: _____ 9. Number of Employees: _____
10. Additional Insured’s Required? _____ (if yes, please contact your underwriter for pricing)
Name and Address of Additional Insured _____

Proof (copy of insured’s check) of full payment by insured must be attached in order to bind coverage

Signature of Insured: _____ Date: _____

Signature of Producer: _____ Date: _____

Agency Name & Address: _____

Phone Number: _____ Fax Number: _____ E-Mail Address: _____

SNOW REMOVAL CONTRACTOR QUESTIONNAIRE

Please answer all questions fully. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

Named Insured: _____

Website: _____

PROHIBITED CIRCUMSTANCES

If any questions below are answered "YES," you are not eligible for coverage:

- | | | | | |
|---|--------------------------|-----|--------------------------|----|
| 1. Does the applicant do any municipal plowing? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. Does the applicant have any GL claims in the past three years? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. Does the applicant have more than six snow removal units? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

If any questions below are answered "NO," you are not eligible for coverage:

- | | | | | |
|--|--------------------------|-----|--------------------------|----|
| 4. Does the applicant have a commercial auto policy? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--|--------------------------|-----|--------------------------|----|

GENERAL INFORMATION

- | | |
|--|--|
| 1. Years of Snow Plowing Experience: | _____ |
| 2. What are the total receipts for: | |
| a. Snow Removal operations: | \$ _____ |
| b. All other operations: | \$ _____ |
| 3. Do employees use their own vehicles? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Does the insured use independent contractors? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Does the insured do any salting? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Do contracts/service agreements provide the following provisions: | |
| a. Specified duties regarding timing of snow removal? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Specified duties regarding salting/sanding of walkways? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. If a hold harmless agreement indemnifying the job owner (indemnitee) exists, is it limited? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Does the contract contain a mutual or reverse hold harmless agreement? | <input type="checkbox"/> Yes <input type="checkbox"/> No |



Capitol Indemnity Corporation
Capitol Specialty Insurance Corporation
Platte River Insurance Company

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(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.)

Applicant Signature

Title

Date

Producer Signature

Date

Mobile Equipment Snow Removal Program Rate Chart for VT, NH & ME

	<u>300/600</u>	<u>500/1Mil</u>	<u>1Mil/2Mil</u>
<u>One Unit</u>	\$875	\$1,000	\$1,150
<u>Two Unit</u>	\$875	\$1,000	\$1,150
<u>Three Unit</u>	\$1,125	\$1,275	\$1,450
<u>Four Unit</u>	\$1,375	\$1,550	\$1,750
<u>Five Unit</u>	\$1,625	\$1,825	\$2,050
<u>Six Unit</u>	\$1,875	\$2,100	\$2,350

** Prior to submitting your binder request and signed application, please remember to visit the below link to obtain the required TRIA form and policy fee agreement (VT only).*

http://www.neee.com/affidavits_feeagreements.htm