



# SNOW PLOW SUPPLEMENTAL (To be Completed with Acords 125 & 126)

1. Name of Insured: \_\_\_\_\_ Date: \_\_\_\_\_
2. How many years plowing?
3. Any prior General Liability insurance for snow plowing?
4. List any other operation other than snowplowing and receipts? Are they currently insured?  
Carrier?
5. Loss history, **MUST ATTACH 3 years HARD COPY LOSS RUNS.**
6. Advise number of snow removal vehicles registered in New York State?
7. Advise how many pieces of mobile equipment used for snow removal, not registered in New York State?
8. Plowing for who? – Schedule all Commercial snow plowing contracts by locations & cost?

\*1. \_\_\_\_\_

\*2. \_\_\_\_\_

\*3. \_\_\_\_\_

*\*Provide copy of contracts.*

9. Any work on public streets or roads?

Insured's Signature: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agent's Signature: \_\_\_\_\_

WS0505

## H. R. KELLER & CO., INC.

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