

The Commercial Agency, Inc.

Insurance and Bonding Specialists

141 Kinderkamack Road
Park Ridge, NJ 07656

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: _____



A SIMPLE, SHORT FORM

START EARLY!

FAX FORMS: (201)391-0861

Or

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Established 1970