

SNOW REMOVAL QUESTIONNAIRE

Brokerage: _____

Broker Name: _____ Phone #: _____ Contact Email: _____

Applicant Name: _____

Mailing Address: _____ Location Address: _____

Have you or your employees/operators taken specific training courses *i.e Smart about salt* Yes No

Prior Insurer: _____ Target Premium: _____

Claims Experience for past 6 years:

Years In Business: _____ Years Experience _____

Annual Revenues from all operations: \$ _____ Revenues from snow removal operations: \$ _____

Snow Removal Revenues from past 2 years: 20 _____ \$ _____ 20 _____ \$ _____

Number of vehicles used for snow removal operations: _____ Are they Licensed for the Road? Yes No

of Employees: _____ # of Employees doing Snow Removal: _____

BREAKDOWN OF AREAS CLEARED:

Residential Driveways	\$ _____	Commercial Driveways	\$ _____	Industrial Driveways	\$ _____
Parking Lots (less than 50 spaces)	\$ _____	Parking Lots (over 50 spaces)	\$ _____	Other (describe)	\$ _____
Roads	\$ _____	Highways	\$ _____	Walkways	\$ _____

Do you plough / Clear Snow: On your own timetable Only Upon Customer Calls Written Contract

If you plough on your own timetable, what is the criteria set in place?

How is work being completed (describe equipment / vehicles used):

Do you apply Sand and Salt to the ploughed areas cleared? Yes No

Are Snow Piles removed? Yes No

If you are responsible to remove snow piles, please provide details of the work performed:

Do you keep a log of job details? (Why you went to the job, when you arrived, when you completed what tasks were carried out)

Copy to be provided if binding Yes No

How long are logbook records retained? _____

Do you have written contracts with customers? Yes No

Are there Hold Harmless Agreements in Place? Yes No

 If yes, are they in your favour? Yes No

 If not in your favour, explain why: _____

Are there verbal contracts with customers? Yes No

 If yes, provide full details of work performed under verbal contracts: _____

Do you enter into Municipal or Provincial contracts? Yes No

 If yes, describe: _____

Do you subcontract work to others? Yes No

 If yes, do you obtain certificates of insurance from subcontractors? Yes No

What Limit of Liability is required for subcontractors to hold? \$1 MM \$2 MM \$3 MM \$5 MM N/A subs not used

What percentage of work is subcontracted? _____

Is insured added as Additional Insured (AI) to subcontractor's Insurance? Yes No

Do you Plough / Clear any areas used by aircraft, or any areas on airport property? Yes No

IMPORTANT - PLEASE READ CAREFULLY:

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to the company until accepted by the company or companies underwriting application. This Questionnaire is attached to and forms part of the policy.

Please ensure that the application is completed in full, signed, dated & witnessed warranting same.

Name

Date

Signature

Title