

APPLICANT INFORMATION

1. Number of years experience: _____ Number of years in business: _____
2. Previous Insurer: _____
3. Continuously insured for the past 3 years? Yes No
4. List all losses in last 5 years:

OPERATIONAL INFORMATION

1. Provide the number of employees and their individual years of experience in snow removal:

2. Describe all types of snow removal equipment used (ie. Bobcat, backhoe, power broom, etc.):

3. Type of work (in percentage):

Residential _____% Commercial (incl. Condos) _____%

Roadwork _____% Oil & Gas Lease Work _____%

4. Is work performed at any of the following?

Airports Hospitals Senior Care Facilities Fire or Ambulance Halls

5. Are any de-icing or anti-slip chemicals or compounds used (other than basic sand & salt)?

Yes No If yes, please provide details: _____

Snow Removal Questionnaire (cont'd)

CONTRACTUAL INFORMATION

1. List your 5 largest snow removal contracts

	Name	Address	Type of Work
1			
2			
3			
4			
5			

2. Are written contracts required?

Yes No If yes, how long are contracts retained on file? _____

3. Does the insured or applicant accept contracts where they are holding other parties harmless or adding other parties as additional insured?

Yes No

4. Are written work log records kept for each job (i.e., date/time clearing/removal started at each separate location, type of equipment used and names of the employees that were working on that job)?

Yes No

SUBCONTRACTOR INFORMATION

Are any subcontractors used? Yes No

If Yes, please explain: _____

1. Are all subcontractors required to have their own CGL with minimum \$2,000,000 limit?

Yes No

2. Do you obtain a Certificate of Insurance every year?

Yes No

3. Are you added as an Additional Insured on their CGL?

Yes No