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| **Broker:** |  | **Policy Number:** | **WML** |  |

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| Insured: |  |
| **Principals:** |  |
| **Mailing Address (if changed) :** | |
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| **Policy Term: Effective 12:01 am** | Month |  | Day |  | Year |  |
| All Policies will be issued for a 12 month term. All times are “local time” at the applicants Mailing Address | | | | | | |

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| **1**. Any material changes in risk?  Yes  No | | | | | | | |
| If “Yes” , please provide details:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **2.** Please confirm there have been no new known or anticipated losses prior to renewal date?  Yes, no losses  No, loss details:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **3.** Confirmation Insured has obtained proof of Liability insurance from all contractors and sub-contractors  Yes  No | | | | | | | |
| **4.** What equipment is the Insured using for his operations?       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
|  | |  |  |  | | |  |
| **5.** Please provide Current Gross Receipts broken down by operations: | | | | | | | |
| $ \_\_\_\_\_\_\_\_\_\_\_\_\_ Operations      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  $ \_\_\_\_\_\_\_\_\_\_\_\_\_ Operations      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  $ \_\_\_\_\_\_\_\_\_\_\_\_\_ Operations      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  |  | |
| a. Any US sales/exposure?  Yes\_\_\_\_\_\_\_%  No | | | | |  |  | |
| b. Does the Insured do any contracted snow removal?  Yes\_\_\_\_\_\_\_%  No  If “Yes”, please provide details and percentage of receipts. | | | | |  |  | |
| c. Is snow removal work solely for forestry roads?  Yes\_\_\_\_\_\_\_%  No | | | | |  |  | |
| If “No”, please provide Details. | | | | |  |  | |
|  | | | | |  |  | |
| Details:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  |  | |
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| **Signature of Applicant** | |  | **Date:** |  |
| **Name of signatory** (Please Print) |  | | | |
| **Signature of Producing Broker** | |  | **Date:** |  |
| **Name of signatory** (Please Print) |  | | | |