



Snow Removal Application

Vailo Insurance Services Ltd

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Snow Removal Application

GENERAL INFORMATION

Broker: _____ Contact Person: _____ Phone: _____

Name of Applicant(s) – including all subsidiaries: _____

Is the Applicant(s) new to the broker: No Yes If no, how long have you known the Applicant: _____

Mailing Address: _____ Postal Code: _____

Risk Location Address: _____ Postal Code: _____

Website (if applicable): _____ Number of Years in Business: _____

Business Operations: _____

Previous Insurer: _____

Expiry Date: _____ Expiring Premium: _____

Has any Insurer cancelled, declined or refused you coverage? No Yes If yes, please provide details: _____

GENERAL LIABILITY UNDERWRITING INFORMATION

Full description of operations - attach brochure(s) if any: _____

Area of operation: _____ Any operations outside of Canada? No Yes

If yes, where: _____

Experience of principal & partners: _____

Total number of employees: _____ Full-time employees: _____ Part-time employees: _____

Are all employees covered by Worker's Compensation? No Yes

If no, please explain: _____

Actual gross revenues for the past 12 months: \$ _____ Estimated gross revenue for the next 12 months: \$ _____

Actual payroll for the past 12 months: \$ _____ Estimated payroll for the next 12 months: \$ _____

Show estimated annual gross receipts for snow removal, sanding and salting work split as follows:

TYPE OF WORK	ESTIMATED GROSS RECEIPTS	ESTIMATED NUMBER OF HOURS
Highways		
Municipal Streets & Sidewalks		
Retail & Residential Properties		
Institutional (Hospitals, Schools, etc)		

GENERAL LIABILITY UNDERWRITING INFORMATION (continued from previous page)

If you are responsible for clearing particular roads or segments of roads, show the number of kilometers:

Is any work performed at airports? No Yes

If yes, does it involve aircraft runways, taxiing loading or hanger areas? No Yes

List 5 of your largest contracts:

LOCATION	DESCRIPTION OF WORK	ESTIMATED GROSS RECEIPTS

What limit of Third Party Liability insurance do you carry on your automobiles?

Does your automobile policy include coverage for attached machinery? No Yes

Do you keep logbooks showing weather conditions, time, location and details of all work carried out? No Yes

Do your contracts specify when work is to be performed? No Yes

If "No", who makes the decision – you or your client?

Do you and your clients, where practicable, perform a pre-season and post-season survey to agree on the condition of the grounds/worksites (buildings, equipment, landscaping, etc.)? No Yes

Is any work subcontracted? No Yes

If "Yes", do subcontractors carry separate CGL Insurance and what limits?

Copy of contract in place with parties (ie. Municipal or Private parties). Copy to be submitted before binding.

Does the insured anticipate starting any new operations during the next 12 months? No Yes

If yes, please provide details:

Any installations or repairs performed away from the premises? No Yes

If yes, please provide details:

If you subcontract work, do you require your subcontractors to carry liability coverage? No Yes

If yes, what limit do you require? Value of subcontract work:

Are certificates of insurance required? No Yes

Does the applicant assume any contractual liability by verbal or written agreement? No Yes

If yes, please explain and attach copies:

Do you own or rent any watercraft? No Yes If yes, please provide details (description, length, HP, rented or owned):

Do you own or rent any Aircraft? No Yes If yes, please provide details (description, rented or owned):

GENERAL LIABILITY UNDERWRITING INFORMATION (continued from previous page)

Do you have any unlicensed automobiles or specifically automobiles for which compulsory insurance does not apply? No Yes

If yes, please explain:

Do any employees regularly drive their own vehicles on company business? No Yes

If yes, please explain:

Do you have any Architects, Engineers, Doctors or similar professionals on staff? No Yes

If yes, please explain:

COVERAGE REQUIREMENTS

LIABILITY COVERAGE:	DEDUCTIBLE:	LIMIT OF INSURANCE:

MISCELLANEOUS INFORMATION (Please provide any additional information - where the space provided is insufficient)

CLAIMS INFORMATION - LIABILITY

Describe any insured and uninsured losses having occurred in the past 5 years – including incidents that have not been reported yet and may result in a claim. Please provide a description, date and amount of loss:

1. _____
2. _____
3. _____
4. _____
5. _____

DECLARATION AND SIGNATURE

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this application for insurance or a renewal, extension, or variation of the insurance applied for.

I / we declare that after proper enquiry the statements and particulars given above are true and that I /we have not misstated or suppressed any material fact.

I / we agree that this Application Form, together with any other material information supplied by me / us shall form the basis of any contract of insurance effected thereon.

I / we undertake to inform underwriters of any material alteration to these facts occurring before the completion of the contract.

Signed:

Full Name:

Position:

Date:
