

TOTTEN GROUP

I N S U R A N C E

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New Submissions: triage@tottengroup.com Website: www.tottengroup.com

SNOW REMOVAL APPLICATION

Underwriters will rely upon each and every response given in this Application and any Supplementary Application Form in deciding whether or not to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions. Failing to answer or answering any question below incorrectly could invalidate any policy of insurance written by Underwriters for this risk.

We have a professional duty of confidentiality and are committed to holding personal information in strict confidence. The information provided to us will only be disclosed where required by law to do so or required to do so in conducting negotiations with third parties, such as insurance companies, on your behalf.

We will further safeguard the security of such information in a manner appropriate to sensitivity of that information.

Applicant is: Individual Partnership Corporation Joint Venture Other (Specify) _____

Business Name _____

Principal(s) _____

Subsidiaries, Partners and Joint Ventures _____

Mailing Address _____

Location Address _____

Website Address _____

Number of years in operation _____ Number of years experience _____

If new operation/company describe work experience of the principals _____

Claims History – Include loss experience of companies which have been taken over or merged with your company.

| Date of Occurrence | Describe Occurrence and Injury or Damage | AMOUNT | | | | Open/Closed |
|--------------------|--|---------|------|----------|------------|-------------|
| | | Reserve | Paid | Expenses | Deductible | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Are you aware of any other incidents which may result in claims against you? Yes No

If yes, please give details _____

Provide details of all liability insurance carried:

| Name of Insurer | Policy Limit | Deductible | Period | Premium |
|-----------------|--------------|------------|--------|---------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Current expiry date? _____ Expiring Premium _____ Renewal Premium _____

Has any policy been cancelled? Yes No

If yes, explain _____

Is renewal being offered? Yes No

If no, explain _____



LIABILITY INFORMATION

Coverage Requirements

Limit(s) of Liability Insurance required: \$ _____ Deductible requested \$ _____

Tenants Legal Liability required: \$ _____ Deductible requested \$ _____

Operations

| Full Description of Each Operation | Gross Receipts (including sub-contractors) | | |
|------------------------------------|--|--------------|------------|
| | Estimate Next Year | Current Year | Prior Year |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Do you plan on performing any new operations during the upcoming policy term? Yes No

If yes, please explain _____

Any operations conducted at other owned or leased premises? Yes No

Employees # Full time _____ # Part time _____ # Clerical _____ Payroll _____

Are all employees covered under WSIB? Yes No

If no, provide details split between different types of occupation /number of employees/payroll _____

Sub-contractors Work Sublet? Yes No If "yes", estimated receipts _____

Describe work performed for Applicant by sub-contractors (separate by operation) _____

Are Certificates of Insurance obtained from all sub-contractors? Yes No

Is a formal contractual agreement entered into with sub-contractors? Yes No

If Yes, is a hold harmless in your favour? (If Yes, submit a copy of the usual contract form, if possible) Yes No



SNOW REMOVAL SUPPLEMENT

Annual gross receipts for snow removal as follows:

| Type of Work | Gross Receipts |
|--|----------------|
| Residential (Driveways, private drives etc) | |
| Strip Malls | |
| Shopping Malls | |
| Retail Properties | |
| Institutional (Hospitals, Schools, etc) | |
| Hospitality Industry Parking Lots | |
| Industrial/Commercial Depot/Manufacturing Parking Lots | |
| Other (please describe) | |

- Is any work performed at airports? Yes No
 - If yes, does it involve aircraft runways, taxiing loading or hanger areas? Yes No
 - Does your automobile policy include coverage for attached machinery? Yes No
 - Do you keep logbooks showing weather conditions, time, location and details of all work carried out? Yes No
 - Do you use snow management software or GPS monitoring during the course of snow removal? Yes No
 - Do your contracts specify when work is to be performed? Yes No
 - 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.)? Yes No
- Please attach separately, a copy of 1-2 contracts that are in place with your snow removal clients. Copies must be submitted prior to binding.
- Please list all locations of snow removal/winter maintenance on the space provided below, or attach a separate document outlining the same.



BROKER DECLARATION

Each and every question must be answered by the Broker and/or Account Executive.

Is this account NEW to your office? Yes No Is the operation financially sound? Yes No

If no, how long have you known the applicant? _____ Do you recommend this applicant in every respect? Yes No

Other Markets approached _____

Please provide any additional information pertinent to the underwriting or acceptance of this risk which has not been requested in the application above.

Note: I/We hereby declare that the statements and particulars contained in this application are true and that I/we have not suppressed or mis-stated any material facts and I/we agree that should a policy be issued then this application shall be the basis of the contract with Underwriters.

This application must be signed by the Producer/Account Executive.

(Signature of Insured)

(Position in Organization)

(Date)

(Signature of Broker)

(Date)

Complete Name and Address of Insurance Brokerage

Broker Email Address: _____