**SNOW REMOVAL CONTRACTORS SUPPLEMENTAL QUESTIONNAIRE**

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| --- | --- |
| Full Applicant Name: |  |

**TYPES OF WORK & CONTRACTS:**

Please provide a breakdown of gross receipts by the type(s) of work you complete:

|  |  |  |
| --- | --- | --- |
| **TYPE OF WORK** | **ESTIMATED RECEIPTS** | **ESTIMATED HOURS** |
| Highways |  |  |
| Municipal Streets & Sidewalks |  |  |
| Retail Properties |  |  |
| Institutional Properties (Hospitals, Schools, etc.) |  |  |
| Residential Properties  |  |  |

Please provide information on your five (5) largest contracts:

|  |  |  |
| --- | --- | --- |
| **LOCATION AND CLIENT** | **DESCRIPTION OF SCOPE** | **ESTIMATED RECEIPTS** |
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|  |  |  |
|  |  |  |
| Do your contracts specify when work is to be performed? | [ ]  Yes [ ]  No |
| If No, who makes the decision to perform work?  |  |
| Do you have a process for performing pre and post season surveys to agree on the condition of any work sites with your clients? | [ ]  Yes [ ]  No |
| Do you assume any contractual liability by verbal or written agreement? | [ ]  Yes [ ]  No |
| If yes, provide details and attach: |  |

**EXPOSURES**

|  |  |
| --- | --- |
| If you are responsible for clearing and roads, inclusive of highways and/or municipal streets, how many kilometers of roadway segments are your responsible for clearing? |  |
| Do you perform any snow removal or work at airports, including but not limited to roadways, parking lots, aircraft runways, taxiing, loading, and hangar areas? | [ ]  Yes [ ]  No |
| Do you keep logbooks showing weather conditions, time, location, and details of work completed? | [ ]  Yes [ ]  No |
| Do you subcontract any work to others? | [ ]  Yes [ ]  No |
| If yes, do you require subcontractors to carry separate CGL Insurance? | [ ]  Yes [ ]  No |
| What limit do you require? |  | % of Subcontracted Work? |  |
| Do you anticipate starting any new operations during the next 12 months? | [ ]  Yes [ ]  No |
| If yes, provide details: |  |
| Do you perform any installations and/or repairs away from the premises? | [ ]  Yes [ ]  No |
| If yes, provide details: |  |
| Do you required certificates of insurance to carry out work for your clients/contracts? | [ ]  Yes [ ]  No |
| What Third Party Liability insurance limit do you carry on your automobiles? |  |
| Do you own, rent, or lease and watercrafts or aircrafts? | [x]  Yes [ ]  No |
| If yes, provide details: |  |
| Do you have any unlicensed automobiles, for which compulsory insurance does not apply? | [ ]  Yes [ ]  No |
| If yes, provide details: |  |
| Do employees regularly drive their own vehicles on company business? | [ ]  Yes [ ]  No |
| If yes, provide details: |  |  |

**ADDITIONAL COVERAGES REQUIRED:**

|  |  |  |
| --- | --- | --- |
| **Coverage Type** | **Limit Required** | **Deductible Required** |
| **Commercial General Liability** | *\*\*Refer to Commercial Business Application* |
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*READ BEFORE SIGNING: A claim may become invalid, and the Insured’s right of recovery is forfeited where: (1) an Applicant provides falsified information to the prejudice of the Insurer, or; (2) an Applicant knowingly misrepresents of fails to disclose any fact in any part of this Application required to be stated herein, or; (3) the Insured fails to inform of material changes relevant to their risk during the term of the contract, or; (4) the insured contravenes a term of the contract or commits a fraud, or; (5) the Insured willfully makes false statements in respect of a claim.*

*By signing this questionnaire, the Applicant has reviewed all parts of this application and acknowledge that all information is factual and correct. The Applicant understands that this application for insurance is based on the facts and completeness of all information provided.*

*PRIVACY STATEMENT: The personal information provided in this document and future information may be collected, used, and disclosed by the Applicant’s representative or Insurer, subject to local legislation, for the purpose of regular communications; assessing this application; evaluating claims; detecting and preventing instances of fraud; and analyzing business results. The Applicant confirms that all individuals whose personal information in contained herein have authorized use and agree to the terms of this application.*

***NOTE: Insurance coverage is not valid or in effect until Underwriters confirms binding of terms with the Applicant’s representative in writing.***

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| Broker Name (Please Print) | ­­­Broker Signature:  | Title: | Date Signed: |
|  |  |  |  |
| Applicant Name (Please Print) | Applicant Signature: | Title  | Date Signed: |
|  |  |  |  |