

Snow Removal Operations Questionnaire

Intact Insurance Company

Broker Name: _____ Broker Number: _____ Date: _____

Full Applicant Name: _____ Policy Number (if applicable): _____

Postal Address: _____

1. How long has the applicant been in operation performing snow removal? _____
2. How many employees does the applicant have? _____
3. What is the annual estimated revenue from all snow removal operations: _____
4. What was the actual revenue in the last 2 years: 20____ : _____ 20____ : _____
5. What type of area does the applicant clear and the percentage of contract value for each type?

- | | |
|---|---|
| <input type="checkbox"/> Parking Lots – High Exposure/Traffic * _____ % | <input type="checkbox"/> Parking Lots – Low Exposure/Traffic ** _____ % |
| <input type="checkbox"/> Highways - 400 Series (ON Only) _____ % | <input type="checkbox"/> Highways _____ % |
| <input type="checkbox"/> Bridges _____ % | <input type="checkbox"/> Industrial Driveways _____ % |
| <input type="checkbox"/> Roads _____ % | <input type="checkbox"/> Commercial & Large Residential Driveways * _____ % |
| <input type="checkbox"/> Rural/Concession or Logging Roads _____ % | <input type="checkbox"/> Private Residential Driveways/Walkways _____ % |

* e.g. High density residential (apartments, condos, townhome complexes, senior homes), commercial areas (malls, strip plazas), office towers

** e.g. Industrial parking lots with manufacturers and/or warehouses

6. Does the applicant plough any areas used by aircraft? ☐ Yes ☐ No
7. Does the applicant have a contract with the customer? Check (✓) appropriate box:
☐ Verbal ☐ Written ☐ None
8. Does the contract contain a Hold Harmless Agreement? ☐ Yes ☐ No
 If yes, provide full details (or attach copy of contracts): _____

9. Does the applicant sub-contract the work to others? ☐ Yes ☐ No
 - Do the subcontractors supply certificates of insurance? ☐ Yes ☐ No
 - Does the applicant insist that subcontractors carry same limits as insured? ☐ Yes ☐ No
 - Is the applicant added to the subcontractor's CGL as an Additional Insured? ☐ Yes ☐ No
10. What determines when the applicant will go to the ploughing job?
☐ Pre-set criteria If yes to Pre-set criteria, describe what the criteria is: _____

☐ Customer phones and requests service as needed

☐ The Applicant is left to decide on their own without any pre-set criteria

14. How is the work being completed? (Describe equipment/vehicles used?) _____

15. Does the applicant use an open-flame device for snow removal or de-icing? ☐ Yes ☐ No

16. Does the applicant maintain snow removal logs and keep records for a minimum of 5 years? ☐ Yes ☐ No