

## Snow Removal Operations Questionnaire

Broker Name:

Broker Number:

Full Applicant Name:

Policy Number (if applicable):

Postal Address:

1. How long has the insured been in operation performing snow removal?
  2. How many employees does the insured 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 operator clear and the percentage of contract value for each type?
 

<input type="checkbox"/> Highways - 400 Series (ON Only) %	<input type="checkbox"/> Parking Lots – High Exposure/Traffic * %	<input type="checkbox"/> Parking Lots – Low Exposure/Traffic ** %
<input type="checkbox"/> Highways %	<input type="checkbox"/> Industrial Driveways %	<input type="checkbox"/> Commercial & Large Residential Driveways * %
<input type="checkbox"/> Roads %	<input type="checkbox"/> Private Residential Driveways/Walkways %	<input type="checkbox"/> Airports (including runways or aprons) %
<input type="checkbox"/> Rural/Concession, Logging Roads %	<input type="checkbox"/> Bridges %	
- \* 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 contractor have a contract with the customer? Check (✓) appropriate box:
 

<input type="checkbox"/> Verbal	<input type="checkbox"/> Written	<input type="checkbox"/> None
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  7. Does the contract contain a Hold Harmless Agreement? ☐ Yes ☐ No  
If yes, provide full details **(or attach copy of contracts):**
  8. Does the contractor plough any areas used by aircraft? ☐ Yes ☐ No
  9. Does the insured sub-contract the work to others? ☐ Yes ☐ No
  10. Do the subcontractors supply certificates of insurance? ☐ Yes ☐ No
  11. Does the insured insist that subcontractors carry same limits as insured? ☐ Yes ☐ No
  12. Is the insured added to the subcontractor's CGL as an Additional Insured? ☐ Yes ☐ No

13. What determines when the contractor will go to the ploughing job?

- ☐ Pre-set criteria
- ☐ Customer phones and requests service as needed
- ☐ Contractor is left to decide on his own without any pre-set criteria

If yes to Pre-set criteria, describe what the criteria is:

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

15. Does the contractor keep a log of job details? **(Please attach sample copy)**

☐ Yes

☐ No

If yes, how long does the insured keep their maintenance logs?

I may have provided personal information in this document and by other means and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, renewals, changes of coverage, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

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Applicant Signature

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Date

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Name/Position

***Signing of this form does not bind the Applicant to complete the insurance.***