

Snow Removal Contractors Questionnaire



Broker:	Broker Office:
Broker Contact:	Broker Email:
Insured:	
Mailing Address:	
1. What kind of areas does the operator clear (roads, parking lots, walkways etc.)?	
2. Number of years of experience:	
3. Does the contractor have contracts with his customers?	
<ul style="list-style-type: none">• If yes, are they verbal contracts?• Are they written contracts?	
If written, please provide us with a copy of the current contract being used.	
4. Do any of the applicant's contracts contain a hold harmless agreement? If so, in whose favour?	
5. Does the contractor go to the snow ploughing/removal on his own timeline or is it up to his customers to advise him when the job needs doing?	
6. If the applicant does go to the job on his own, what is the criteria that has been set in place?	
7. Does the applicant just do removal of snow? (Ploughed into heaps by others and the Insured loads the snow into trucks)	
8. Does the applicant apply sand and salt to the ploughed/cleared areas?	
9. Do the applicant's customers check and approve the work done?	

10. Does the operator keep a log of jobs done including why the applicant went to the job, when the applicant arrives and when they finished? **If yes, please provide a copy.**

11. Does the Insured subcontract any snow removal to others?

- Does the applicant obtain certificates of insurance?
- Does the applicant insist on matching or better CGL limits than the applicant carries?
- Is the applicant added to the subcontractor's CGL policy as an additional insured?

12. How many snow removal/clearing vehicles does the applicant own?

13. How many employees does the applicant have?

14. Is this part time work?

- If so, what does the applicant do full time?
- During the off-season?

15. Does the applicant enter into municipal contracts?

16. Does the Insured do any snow removal or clearing of any areas used by aircraft?

Estimated Annual Revenue:

Limit of Liability Requested:

\$1,000,000

Estimated Annual Payroll:

\$2,000,000

\$3,000,000

\$5,000,000

Current Insurer & Policy Number:

LOSS HISTORY – PROVIDE FULL DETAILS (IF NONE, PLEASE INDICATE BELOW)

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, 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.

Applicant's Signature:

Date: