



SNOW REMOVAL QUESTIONNAIRE

Applicant: _____

APPLICANT INFORMATION:

Explain experience in snow removal business: _____

Annual Gross Receipts: _____

Number of Employees: _____

Annual Payroll: _____

_____ % Residential

_____ % Commercial

Insured works on the following: (check all that apply)

____ Private Roads ____ Private Driveways ____ Private Parking Areas ____ Public Roads or Highways

Confirm applicant carries auto insurance. Please provide the following:

Carrier: _____ Limits: _____ Coverage Term: _____

Number of Trucks: _____

Types of Trucks (pick-up, dump truck, back hoe, etc.): _____

SUBCONTRACTOR INFORMATION:

Are subcontractors used? Yes No

If yes, what is the percentage of operations subbed out? _____%

- Cost of subs: \$ _____
- What tasks do the subs perform? Please provide a detailed description: _____
- Do the subs have their own liability insurance? Yes / No
- Does the applicant have a favorable hold-harmless agreement in place? Yes / No
- Is applicant named as an additional insured on subcontractor's policy? Yes / No

ADDITIONAL INSURED INFORMATION: Please forward list of those to be named as additional insured.

Applicant Signature: _____

Date: _____

Applicant Name: _____

Title: _____