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## **Snow Removal Supplement**

## Applicant's Instructions:

Answer all questions.

1. Applicant's Name:

- 2. If space is insufficient to answer any questions fully, attach separate sheet(s).
- 3. Form must be completed and signed by the owner, manager or executive authorized to do so.

**Applicant Information** 

- 4. If the answer to any question is none, state "NONE".
- 5. Please attach a copy of your current contract.

Types of Work and Gross Receipts Data					
2.	Show estimated annual gross receipts for snow removal, sanding and salting work split as follows:				
	Type of Work	Estimated Gross Receipts	Estimated Number of Hours		
	Highways – 400 Series Only				
	Highways – Municipal Streets				
	Sidewalks & Retail Properties				
	Residential Properties				
	Institutional (Hospitals, Schools, etc.)				
	All Other Properties				
	Landscaping				
3.	If you are responsible for clearing particular roads or segments of roads, show the total number of kilometers:				
4.	Is any work performed at airports?  Yes No No				
5.	If "Yes", does it involve aircraft runways, taxing, loading or hangar areas?  Yes No				
6.	List your 5 largest contracts below:				
	Location	Description of work	Estimated Gross Receipts		

## Equipment Data

7. Show the number of items of various types of equipment used:

	Type of Equipment	Number of Items			
8.	How is equipment transported to the worksite? (	(Under its own power/by flatbed truck/st	ored at worksite, etc.)		
9.	What limit of Third Party Liability insurance do you carry on your automobiles? \$				
10.	Does your Automobile Policy include coverage for attached machinery?  Yes No No				
	P	rocedures			
11.	. Do you keep logbooks showing weather conditions, time, location and details of all work carried out?  Yes \textstyle \text{No} \textstyle \text{No}				
12.	Do your contracts specify when work is to be per Yes No	erformed?			
13.	If "No", who makes the decision – you or the clie	ent?			
14.	<ul> <li>Do you and your clients where practicable, perform a pre-season and post-season survey to agree on the condition of the grounds/worksite (buildings, equipment, landscaping, etc.)?</li> <li>Yes  No </li> </ul>				
_	FY THAT ALL STATEMENTS MADE IN THIS F ACT OF INSURANCE BASED UPON THE TRU		TE AND APPLY FOR A		
Signatur	re of Applicant or Authorized Representative	Print Name and Title			
Date					