

Snow Removal Supplement

Applicant's Instructions:

1. Answer all questions.
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.
4. If the answer to any question is none, state "NONE".
5. **Please attach a copy of your current contract.**

Applicant Information

1. Applicant's Name: _____

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

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

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/stored 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

Procedures

11. Do you keep logbooks showing weather conditions, time, location and details of all work carried out?
 Yes No

12. Do your contracts specify when work is to be performed?
 Yes No

13. If "No", who makes the decision – you or the client?

14. 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.)?
 Yes No

I CERTIFY THAT ALL STATEMENTS MADE IN THIS FORM ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.

 Signature of Applicant or Authorized Representative

 Print Name and Title

 Date