
QUESTIONNAIRE – SNOW REMOVAL CONTRACTORS

Please answer all questions fully. Submit this Questionnaire with a **completed** ACORD Commercial Insurance Applicant Information Section and prior carrier loss runs.

Named Insured: _____

If the business maintains a web site, state the address: _____

Program Qualifiers

- Insured does no municipal plowing
- Insured maintains equal or greater **commercial** auto liability limits
- No GL snowplowing claims on past three years
- No more than a 6 equipment operation

GENERAL INFORMATION

1. Named Insured: _____
2. Mailing Address: _____
3. Contact Name: _____ Other: _____
4. Percentage of Work Performed: Commercial _____% Residential _____%
5. Limits Requested 300/600 500/1M 1M/2M
6. Years of Snow Plowing Experience: _____
7. Total Receipts from all operations: Snow removal _____ All Other Operations _____
8. Number of employees _____
9. Years in snow removal business: _____
10. Pieces of equipment: _____
11. Number of Trucks: _____
12. Do employees use their own vehicles? Yes No
13. Does the insured use independent contractors? Yes No
14. Does the insured use any salting? Yes No
15. Do contractual/service agreements provide the following provisions:
 - a. Specified duties regarding timing of snow removal? Yes No (if no submit)
 - b. Specified duties regarding salting/sanding of walkways? Yes No (if no submit)
 - c. If a hold harmless agreement indemnifying the job owner (indemnitee) exists, is it limited? (if no, submit)
 - d. Does the contract contain a mutual or reverse hold harmless agreement? Yes No
16. Auto Carrier: _____ Limits of Insurance: _____
Policy Number: _____ Effective/Expiration Dates: _____

17. Provide a list of all Additional Insureds and their relationship to Named Insured:

Name	Relationship to Named Insured

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature	Title	Date
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Producer Signature	Date
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Producer Name and Address