
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: _____

