



# Snow Removal Questionnaire

1. Applicant's Name: \_\_\_\_\_

2. State the gross annual snow removal receipts: \_\_\_\_\_

3. Are the Applicant's vehicles licensed for the road?  Yes  No

4. Are the Applicant's vehicles unlicensed?  Yes  No

5. How many employees do snow removal? \_\_\_\_\_

6. What kind of areas does the Applicant clear?  Roads  Parking lots  Walkways

Other (please describe) \_\_\_\_\_

7. Does the Applicant clear:  On his own timetable  Only upon customer's call  As written in contract  
(Please provide a copy of the contract (s))

If the Applicant clears snow on his own timetable, what is the criteria that has been set in place? \_\_\_\_\_

8. Does the Applicant apply sand and salt to the ploughed/cleared areas?  Yes  No

9. Do customers check and sign off (approve) the Applicant's work?  Yes  No

10. Does the Applicant keep a log of jobs done?  Yes  No

11. Does the Applicant have written contracts with customers?  Yes  No

13. Are there hold harmless agreements in place?  Yes  No

If yes, in the favour of the Applicant?  Yes  No

If not in the favour of the Applicant please explain: \_\_\_\_\_

14. Are there any verbal contracts with customers?  Yes  No

15. Does the Applicant enter into Municipal or Provincial contracts?  Yes  No

If yes, describe: \_\_\_\_\_

16. Does the Applicant subcontract any work to others?  Yes  No

If yes, are certificates of insurance obtained from the subcontractors?  Yes  No

17. Please advise minimum limit of liability required for subcontractors insurance: \_\_\_\_\_

18. Is the Applicant added to the subcontractor's policy as additional insured?  Yes  No

19. How many years has the Applicant been in the business of snow removal? \_\_\_\_\_

20. Prior Insurer \_\_\_\_\_ Policy # \_\_\_\_\_

21. 6 year claims experience \_\_\_\_\_

22. Current Bodily Injury Deductible \_\_\_\_\_

23. Current Property Damage Deductible \_\_\_\_\_

24. Current Snow Removal Premium \_\_\_\_\_

Additional Information : \_\_\_\_\_

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I am applying for insurance based on the information provided above. I authorize you to collect, use and disclose personal information gathered in connection with this application, as permitted by law, for the insurance or a renewal, extension or variation thereof by Aviva Insurance Company of Canada for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such as credit information and claims history.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_