



SNOWPLOWING SUPPLEMENTAL QUESTIONNAIRE GENERAL LIABILITY & AUTO

Named Insured/Applicant

Policy/Quote Number

Location Address:

Insured's website address:

1. How many years has the insured been snowplowing? yrs
2. Any prior General Liability insurance for snowplowing? Yes No
Carrier: Policy term:
3. Any prior losses from snowplowing? Yes No (If yes, attach a company loss exhibit)
4. Total receipts from snowplowing \$ Total payroll for snowplowing \$
5. Total number of plows
6. Types of plowing:
 Residential Percentage of plowing that is residential % Number of customers
 Commercial Percentage of plowing that is commercial % Number of customers
7. Does the insured perform any work snowplowing on public streets or roads? Yes No
8. Does the insured perform any other snow removal services such as roof raking, roof shoveling, or removal of ice dams?
 Yes No

9. Commercial Accounts

Please list all commercial snowplowing accounts (Use an attachment if necessary)

Customer Name	Plowing Loc Address	Type of Business	# of Parking Spaces

10. **Drivers** (Use an attachment if necessary)

Name of Driver	Years of Experience	Years employed by the insured
	yrs	yrs



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11. **Equipment**

Model Year	Description of snow removal equipment	Garaging Address

12. Are signed contracts in place for snowplowing? Yes No

PROVIDE A COMPLETE SAMPLE COPY OF YOUR CONTRACT

13. List all customers named as additional insured, indemnified or held harmless in any contract

Customer Name	Additional Insured?	Indemnified?	Held Harmless?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Insured's Signature _____ Date _____

Agent Signature _____ Date _____