



Insured's website address:

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

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

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



SNOWPLOWING SUPPLEMENTAL QUESTIONNAIRE

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 _____