



SNOWPLOWING  
SUPPLEMENTAL QUESTIONNAIRE  
MONOLINE 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 losses from snowplowing?       Yes       No (If yes, attach a company loss exhibit)
  
3. Total number of plows
  
4. Types of plowing:  

<input type="checkbox"/> Residential	Percentage of plowing that is residential	%	Number of customers
<input type="checkbox"/> Commercial	Percentage of plowing that is commercial	%	Number of customers
  
5. Does the insured perform any work snowplowing on public streets or roads?  Yes       No
  
6. Does the insured perform any other snow removal services such as roof raking, roof shoveling, or removal of ice dams?  
     Yes       No

**7. Commercial Accounts**

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

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

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

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



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9. Auto/Equipment used for Snow Removal/Plowing

Model Year	Description of snow removal equipment	Garaging Address

10. Are signed contracts in place for all customers that include additional insured status, indemnity, and a hold harmless agreement?

Yes  No

**PROVIDE A COMPLETE SAMPLE COPY OF YOUR CONTRACT**

Insured's Signature \_\_\_\_\_ Date \_\_\_\_\_

Agent Signature \_\_\_\_\_ Date \_\_\_\_\_