



# 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:  
☐ Residential      Percentage of plowing that is residential      %      Number of customers  
☐ 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
	yrs	yrs
	yrs	yrs
	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 \_\_\_\_\_