Chutter Underwriting Services
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SNOW REMOVAL CGL RENEWAL NOTICE

In order for us to prepare our renewal terms we require the following:

INSURED / NAMED INSURED | POLICY NUMBER | POLICY EXPIRY DATE

1. ADVISE OF ANY CHANGE IN PREVIOUS INFORMATION (EXCEPT AS SHOWN HEREIN), BUSINESS OPERATIONS OR LOCATIONS

2. EMPLOYEES (INCLUDING PRINCIPALS) & GROSS PAYROLL

FULL TIME | GROSS PAYROLL (FT) | # PART TIME | GROSS PAYROLL (PT)

3. ESTIMATED GROSS REVENUE – NEXT 12 MONTHS, BY SNOW-REMOVAL CATEGORY

TOTAL ESTIMATED ANNUAL GROSS REVENUE – ALL OPERATIONS ($) | TOTAL ESTIMATED ANNUAL GROSS REVENUE – SNOW ($)

CATEGORY	DETAILS / LOCATION OF WORK	PERCENTAGE	REVENUE ($)
Category 1	Residential (driveways, private roads, farms), small retail (small shops / small parking lots), private parking (closed to public), restaurant / fast-food parking lots, industrial parking lots, etc.		
Category 2	Gas stations, medium / large parking lots, strip mall / multi-site retail parking lots, hospitality parking (pubs, bars), condominium / apartment parking lots, etc.		
Category 3	Big-box stores, public roads, sidewalk contracts (urban areas), transportation stations (incl. bus stops), educational facilities, high-traffic retail outlets, hospitals / medical centres, large shopping establishments, night clubs, etc.		
Other	Describe other categories		

4. ACTUAL GROSS REVENUE – PAST 3 YEARS

PAST 12 MONTHS ($) | 2ND YEAR ($) | 3RD YEAR ($)

SNOW REMOVAL CGL RENEWAL (continued)

5A. IF ANY WORK IS COMMITTED TO SUB-CONTRACTORS / INDEPENDENT CONTRACTORS, ADVISE ANNUAL COST AND TYPE OF WORK

5B. ARE ALL SUB-CONTRACTORS / INDEPENDENT CONTRACTORS REQUIRED TO PROVIDE EVIDENCE OF CGL INSURANCE? IF SO, FOR WHAT MINIMUM LIMIT?

6. CONFIRM THAT ALL SNOW REMOVAL WORK IS UNDERTAKEN WITH WRITTEN CONTRACTS

7. ADVISE OF ANY LIABILITY ACCIDENTS OR OCCURRENCES WHICH MAY GIVE RISE TO A CLAIM BUT NOT YET REPORTED TO US

8. ARE THERE ANY CHANGES IN PREVIOUSLY DECLARED OUTSTANDING CLAIMS INSURED ELSEWHERE?

9. OTHER: UPDATE ANY ADDITIONAL INFORMATION AS PROVIDED LAST YEAR (ATTACH IF NECESSARY)

AUTHORIZATION

FULL NAME (PRINT) | POSITION HELD AT INSURED | DATE

SIGNATURE

Please don't hesitate to call if you have any questions regarding this notice. Best regards, Matt Johnson.

IMPORTANT
If we do not have an order to bind prior to the expiry date, this policy will automatically lapse.