

SECTION A — APPLICANT INFORMATION

NAME

YEARS IN THE BUSINESS OF SNOW REMOVAL

YEARS OF EXPERIENCE IN SNOW REMOVAL OPERATIONS

ANNUAL ESTIMATED REVENUE — ALL OPERATIONS (\$)

ANNUAL ESTIMATED REVENUE — SNOW REMOVAL OPERATIONS (\$)

ACTUAL SNOW REMOVAL REVENUE — LAST YEAR (\$)

ACTUAL SNOW REMOVAL REVENUE — PRIOR YEAR (\$)

OF VEHICLES FOR SNOW REMOVAL

OF EMPLOYEES (TOTAL)

OF EMPLOYEES DOING SNOW REMOVAL

Are the vehicles licensed for the road? Yes No

SECTION B — DETAILS OF OPERATIONS

WHAT KIND OF AREAS DO YOU CLEAR? (CHECK ALL THAT APPLY, WITH ANNUAL REVENUE \$)

Residential driveways

Commercial driveways

Industrial driveways

Parking lots (< 10 spaces)

Parking lots (> 10 spaces)

Highways

Public / municipal roads

Private / forestry roads

Public sidewalks

Bus shelters

Community mailbox

Other

DESCRIBE (IF OTHER)

DO YOU PLOUGH / CLEAR SNOW

On your own timetable Only upon customer's call As written in contract

IF YOU PLOUGH / CLEAR ON YOUR OWN TIMETABLE, WHAT CRITERIA HAS BEEN SET IN PLACE?

SECTION B — DETAILS OF OPERATIONS (continued)

HOW IS THE WORK BEING COMPLETED? (DESCRIBE THE EQUIPMENT / VEHICLES USED)

Do you apply sand and salt to the ploughed / cleared areas?

 Yes No

Are snow piles removed?

 Yes No

IF RESPONSIBLE TO REMOVE SNOW PILES, PROVIDE DETAILS OF WORK PERFORMED

Do you plough / clear any areas used by aircraft or any areas on airport property?

 Yes No

Have you or any operators taken specific training courses (e.g. Smart About Salt)?

 Yes No

Do customers check and sign off (approve) work done by you?

 Yes No

Do you keep a log of job details?

 Yes No

HOW LONG ARE RECORDS MAINTAINED?

SECTION C — CONTRACT DETAILS

Do you have written contracts with customers?

 Yes No

Are there hold harmless agreements in place?

 Yes No

If yes, are they in your favour?

 Yes No N/A

IF NOT IN YOUR FAVOUR, PLEASE EXPLAIN

Are there any verbal contracts with customers?

 Yes No

IF YES, PROVIDE FULL DETAILS OF WORK PERFORMED UNDER VERBAL CONTRACT(S)

Do you enter into Municipal or Provincial contracts?

 Yes No

IF YES, DESCRIBE

SECTION D — SUBCONTRACTORS

Do you subcontract any work to others?

 Yes No

If yes, do you obtain certificates of insurance from the subcontractors?

 Yes No N/A

Are you added as Additional Insured to the subcontractor's policy?

 Yes No N/A

WHAT LIMIT OF LIABILITY DO YOU REQUIRE SUBCONTRACTORS TO CARRY? (\$)

SECTION E — PRIOR INSURANCE

PRIOR INSURER <input style="width: 95%; height: 25px;" type="text"/>	POLICY NUMBER <input style="width: 95%; height: 25px;" type="text"/>	
BODILY INJURY (\$) <input style="width: 95%; height: 25px;" type="text"/>	PROPERTY DAMAGE (\$) <input style="width: 95%; height: 25px;" type="text"/>	
BI DEDUCTIBLE (\$) <input style="width: 95%; height: 25px;" type="text"/>	PD DEDUCTIBLE (\$) <input style="width: 95%; height: 25px;" type="text"/>	
LIABILITY LIMIT — SNOW REMOVAL OPS (\$) <input style="width: 95%; height: 25px;" type="text"/>	PREMIUM — SNOW REMOVAL OPS (\$) <input style="width: 95%; height: 25px;" type="text"/>	YEARS OF CONTINUOUS INSURANCE HISTORY <input style="width: 95%; height: 25px;" type="text"/>

CLAIMS EXPERIENCE — PAST 5 YEARS

DATE OF LOSS	TYPE OF CLAIM	STATUS	PAID (\$)	DEDUCTIBLE (\$)	DESCRIPTION OF LOSS

ADDITIONAL INFORMATION

DECLARATION & SIGNATURE

NAME (PRINT) <input style="width: 95%; height: 25px;" type="text"/>	TITLE / POSITION <input style="width: 95%; height: 25px;" type="text"/>	DATE (MM/DD/YYYY) <input style="width: 95%; height: 25px;" type="text"/>
SIGNED BY APPLICANT (PERSONALLY OR AS AUTHORIZED REPRESENTATIVE) <input style="width: 95%; height: 40px;" type="text"/>	SUBMITTED BY (AGENT / BROKER) <input style="width: 95%; height: 40px;" type="text"/>	