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## SNOW REMOVAL CONTRACTOR QUESTIONNAIRE

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Please answer all questions fully. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

Named Insured: \_\_\_\_\_

Website: \_\_\_\_\_

### PROHIBITED CIRCUMSTANCES

*If any questions below are answered "YES," you are not eligible for coverage:*

1. Does the applicant do any snow/ice removal for any of the following?  Yes  No
  - a. Highways of any type (interstate, state or county)
  - b. Public roads of any type (local, state or county)
  - c. Supermarkets
  - d. Strip malls with more than six stores
  - e. "Big box" stores (ie – Walmart, Target)
  - f. Gas stations or convenience stores
  - g. Hospitals, elderly housing or nursing homes
2. Does the applicant do any rooftop snow removal?  Yes  No
3. Do the receipts from snow/ice removal exceed 50% of the total annual receipts?  Yes  No
4. Does the applicant subcontract any snow or ice removal operations?  Yes  No
5. Does the applicant have any GL claims from snow/ice removal in the past three years?  Yes  No
6. Does the applicant have more than six snow removal units?  Yes  No
7. Is the applicant seeking coverage for standalone snow/ice removal operations?  Yes  No
8. Do employees use their own vehicles for snow/ice removal operations?  Yes  No

*If any questions below are answered "NO," you are not eligible for coverage:*

9. Are all vehicles that are used for snow/ice removal service covered under a commercial auto policy?  Yes  No

### GENERAL INFORMATION

1. Years of snow plowing experience: \_\_\_\_\_
2. How many plows, front end loaders (including BobCats), Snow Blowers are owned / used? \_\_\_\_\_
3. What are the total receipts for:
  - a. Snow and ice removal operations: \$ \_\_\_\_\_
  - b. All other operations: \$ \_\_\_\_\_
  - c. Please describe all other operations: \_\_\_\_\_



Capitol Indemnity Corporation  
Capitol Specialty Insurance Corporation  
Platte River Insurance Company

**IMPORTANT NOTICE**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

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Applicant Signature Title Date

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Producer Signature Date