



SNOW & ICE REMOVAL SERVICES QUESTIONNAIRE

ALL QUESTIONS MUST BE COMPLETED IN ORDER TO REVIEW FOR QUOTATION

Named Insured: _____

Website Address: _____

Annual Receipts: _____

Annual Snow/Ice Removal Receipts: _____

Annual Snow/Ice Removal Payroll: _____

Number of Years in Business: _____

Number of Years doing Snow/Ice Removal: _____

1a. Indicate the percentage of receipts in categories below: (Column should total 100%)		1b. Indicate the type and number of customers in the categories below:	
Snow Plowing/ Shoveling	____%	Single Family Residential	Number of customers _____
Snow Carting (off site)	____%	Manufacturing Facilities	Number of customers _____
Salting/Ice Treatment	____%	Municipality/Street & Road	Number of road miles _____
Roof Raking /Ice Dam Removal	____%	(Describe type of work (highway, county roads, commuter parking lots, etc.) _____	
Other (describe) _____	____%	_____	
_____		Office/Business Parks	Number of Customers _____
_____		Multi-family, Condo/Townhouse / Apartment Complexes	Number of Customers _____
Total	100%	Commercial Strip Malls, Bank, Medical offices & facilities	Number of Customers _____

2. Describe any roof raking or ice damming activities (types of roof, equipment used, processes used) _____

3. Subcontracting Operations

a. Do you perform snow/ice removal operations as a subcontractor to another contractor? If yes, list numbers of snow falls & provide copy of contract(s) signed for the immediate past winter season.
Number of Snowfalls _____

b. Do you subcontract snow/ice removal operations to subcontractors? If yes, list number of snow falls for which subcontractors were hired and provide copy of contract(s) signed for the immediate past winter season.
Number of Snowfalls _____

4. Please indicate the number of snow/ice removal equipment used in snow removal operation:
Shovels/Pushers _____ Plows _____ Blowers _____ Snow Throwers _____
Sweeper Brooms _____ Salt Spreaders _____ Other (description & number) _____

5. Contractual Liability

<p>a. Do you require all customers to enter into a written contract? (If Yes, attach a copy). If not required 100% of time describe below when contracts are not required:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>b. Do you enter into snow/ice removal contracts written by property owners or other 3rd parties? If yes, describe below & provide copies:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>c. Do you provide certificates of insurance to all customers? If not provided 100%, describe below when not provided: _____</p> <p>_____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

6. Contract List – list below all commercial snow plowing accounts (attach list if necessary)

Job Description/Location	Nature of Work	Job Cost

7. Management Practices

<p>a. Do you have a log book? Describe below information captured in log book or provide sample page.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>b. Workforce – amount & type of work performed by the following individuals:</p> <p>Principals or Owners _____</p> <p>Full Time Employees _____</p> <p>Casual or Day Laborer _____</p>

8. Claim History:

<p>a. During the past 4 years, have any claims been presented to your current or prior insurance carrier? If yes, provide details: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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- **Snow & Ice Removal Coverage** – The **CG 72 40** Exclusion – Snow and Ice Removal and the **CXL 376** Exclusion – Snow and Ice Removal excludes coverage, including completed operations, for snow and ice removal activities performed for others. If an insured desires coverage for these operations, they can request the exclusions be deleted and we will consider the buyback of this coverage on an individual risk basis. (Does not apply to GA, NC, SC, & VA).

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