

SNOW REMOVAL SUPPLEMENT - RENEWAL

Forming Part of the General Liability Application
 swgspecialty.com · quotes@swgspecialty.com · +1 888-302-9215 · Fax: 905-428-3977



DATE:

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 Name of Applicant

TYPES OF WORK AND GROSS RECEIPTS DATA: Gross Receipts for all Operations

Gross Revenue

Snow Removal:

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Landscaping:

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Excavation:

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Demolition:

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Other: _____

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Show estimated annual gross receipts for snow removal, sanding and salting work broken down as follows

Type of Work	Estimated Gross Receipts	Estimated Number of Hours
Highways - 400 Series Only		
Highways - All Others		
Municipal Streets & Sidewalks		
Retail & Residential Properties		
Institutional (Hospitals, Schools, etc)		
All Other Properties		

If you are responsible for clearing particular roads or segments of roads, show the total number of kilometers:

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Is any work performed at airports? Yes No

If "Yes" does it involve aircraft runways, taxing, loading or hangar areas? Yes No

List your 5 largest contracts below:

Location	Description of Work	Estimated Gross Receipts

If additional space is needed to answer any questions, please use the blank page included with this form on page 3.

EQUIPMENT DATA

Show the number of items of various types of equipment used:

Type of Equipment	Number of Items

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How is equipment transported to the worksite?

Under it's own power Yes No Flat bed Truck Yes No Stored at worksite? Yes No

Who is your Automobile Insurer? _____

What limit of Third Party Liability insurance do you carry on your automobiles? _____

Does your Automobile Policy include coverage for attached machinery? Yes No

PROCEDURES

Do you keep logbooks showing weather conditions, time location and details of all work carried out? Yes No

Do your contracts specify when work is to be performed? Yes No

If "No", who makes the decision - you or the client? _____

Do you and your clients, where practicable, perform a pre-season survey to agree on the condition of the grounds/worksite (buildings, equipment, landscaping, etc)? Yes No

Have there been any changes in ownership / operations ? Yes No
If "Yes", please provide details _____

Have there been any claims or known incidents that may arise in a claim ? Yes No
If "Yes", please provide details _____

Print Name and Title

Signature of Applicant or Authorized Representative

DATE:

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Additional Information related to Application

A large, empty rectangular box with rounded corners, intended for providing additional information related to the application.