

Additional Insured – Snow Supplement

Additional Insured: Occupier requirements due to amendment in Bill 118 – December 8th, 2020

Please advise the following:

Locations where work is to be performed: Listed Below Attached via separate schedule

1: Name of Additional Insured

Location Address

How long has the contract been in-force

2: Name of Additional Insured

Location Address

How long has the contract been in-force

3: Name of Additional Insured

Location Address

How long has the contract been in-force

4: Name of Additional Insured

Location Address

How long has the contract been in-force

5: Name of Additional Insured

Location Address

How long has the contract been in-force

Is a Separate Defence required: Yes No

Has Additional insured had any losses/claims for the last five (5) Years? Yes No

If yes, please provide details, i.e. Date, Type of Loss/Claim, gross amount paid including defense costs and deductibles, amount of outstanding losses and steps taken to prevent reoccurrence?

Are you aware of any incidents that may result in a claim? Yes No

If Yes, please advise the details: