



# Incidental Snow Removal Operations Supplemental Questionnaire

## APPLICANT INFORMATION

NAMED INSURED

SOCIAL SECURITY #:

FEIN

WEB ADDRESS

## UNDERWRITING INFORMATION

1. Number of years of experience performing snow removal operations: \_\_\_\_\_
2. Total seasonal snow removal receipts: \$ \_\_\_\_\_
3. Three year average receipts from snow removal operations: \$ \_\_\_\_\_
4. Radius of your snow removal operations: \_\_\_\_\_
5. List the states from which you will be removing snow and the percentage of business in each state:  
\_\_\_\_\_

6. Indicate the percentage of snow removal work performed by applicant for each category.  
(Total for all categories should total 100%)

	%		%		%
Main City/Township Roads		Turnpike		Commercial Mall Parking	
Residential Condo Complexes		Residential Apartment Complexes		Residential Driveways and Sidewalk	
Commercial Strip Shopping Centers		Local Government Parking Areas		Other (describe)	

7. Average number of jobs per season? \_\_\_\_\_
8. Number of vehicles used for snow plowing operations: \_\_\_\_\_ Plow blades: \_\_\_\_\_ Spreaders: \_\_\_\_\_
9. Does your work include shoveling and salting of sidewalks areas? Yes No  
Explain: \_\_\_\_\_
10. Does your work include snow or ice removal from roofs, patios, decks, cars, personal sidewalks or driveways?  
Yes No  
Explain: \_\_\_\_\_
11. Any heavy equipment/vehicles used? Yes No  
Describe: \_\_\_\_\_
12. Do you have a written contract in place identifying snow removal conditions for removal? Yes No
13. Do you include any guarantees or warranties for snow removal conditions? Yes No
14. Does your contract have a hold harmless agreement? Yes No

15. Do you subcontract work snow removal? Yes      No  
If yes \_\_\_\_\_% Cost of subcontracted work \$\_\_\_\_\_ - \_\_\_\_\_

16. Describe type of work subcontracted to others:

17. Number of employees used in snow removal\_\_\_\_\_

18. Do you require certificates of insurance from all your sub-contractors? Yes      No

19. Do you require written contracts with sub-contractors? Yes      No  
If yes, do the contracts provide a hold harmless agreement in your favor? Yes      No

20. Do you rent or lease equipment to others, with or without operators? Yes      No

21. Do you have a vehicle and equipment maintenance program in place? Yes      No

22. Is there an employee training program/safety program in place? Yes      No

**Describe the typical/average job performed:**

Largest Job Performed?\_\_\_\_\_

Smallest Job performed?\_\_\_\_\_

**Equipment/Vehicles List – describe equipment/vehicles used, either owned, borrowed, leased or rented:**

**Remarks – Please explain all “Yes” answers for past or present operations**

**N.J. Law P.L 1995, c. 132:** Any Person who includes any false or misleading information on the application for an insurance policy is subject to criminal and civil penalties. The information in this application is correct to the best of my knowledge and belief.

**For PA Submissions:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. The information in this application is correct to the best of knowledge and belief.

I certify that the information in or attached to this questionnaire is true, complete and correct based on business records and my personal knowledge. I grant United Fire Group authorization to order a credit report on my business and/or me.

\_\_\_\_\_  
OWNER OR OFFICER'S NAME

\_\_\_\_\_  
AGENT'S NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
AGENT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
OWNER OR OFFICER'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
EXPIRING POLICY NUMBER, IF APPLICABLE