



PLEASE COMPLETE & FAX TO 905-764-9618

JDS SNOW REMOVAL & LANDSCAPING INSURANCE APPLICATION

Business Name: _____
Contact Name: _____ Email: _____
Mailing Address: _____
Location Address: _____ P/C _____
Web Site Address: _____

1. City/Area of Operations _____

2. Summary of Winter & Summer Business Operations: _____

3. Applicant's Receipts:

a) Snow Plowing \$ _____ Payroll: \$ _____

b) Summer: \$ _____ Payroll: \$ _____

c) No. of Employees Summer: _____ Winter: _____

D) No. of Brokers Summer: _____ Winter: _____

Sub-Contracted Work Cost (to other commercial companies):

a. Uninsured Subcontractors Cost \$ _____

Description: _____

b. Insured Subcontractors Cost \$ _____

Description: _____

c. Subcontracted work costs as percentage of total annual receipts: _____%

d. Do you obtain certificates of insurance from all subcontractors for both CGL and Auto? () Yes () No If Yes, minimum limits required: \$ _____

Is your company name listed as Additional Insured on their policy () Yes () No

e. Do you use a written contractors with subcontractors? () Yes () No

f. If No, explain when not required: _____

g. Do your contracts contain a hold harmless agreement in your favor? () Yes () No

h. If No is answered for any of the questions above, is insured willing to implement procedures to comply with the above? () Yes () No

6. Is Automobile Insurance carried on all vehicles doing snow removal? () Yes () No

What Liability limits: () \$1,000,000 () \$2,000,000 () \$5,000,000 () \$ _____



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7. Describe any other snow removal equipment used if other than Autos:

8. Summer & Winter Operations Performed:

Describe the Operations the company engages in (must total 100%):

Winter Activity	%	Summer Activity	%
Residential Driveways		Lawn care and Gardening	
Commercial Driveways		New Landscape Construction	
Condo/Townhouse Complexes		Interlocking Brick and Patio	
Retail Store Parking Lots		Lawn Fertilization – Spraying	
Office Complex Parking Lots		Lawn Fertilization – Non Spraying	
Medical Or Senior Buildings		Construction – Home/Decks	
Shovel Walkways or Side Walks		Other:	
Municipal/City Road Ways		Other:	
Other:		Other:	

b. Please Describe your Salting Procedures/ Responsibilities if any:

9. Do you have a contract limiting responsibility to within 24 hours of clearing the premises? ()Yes ()No

10. Loss Information

Have you had any claims presented or have any knowledge of claims to be made against you alleging injury or financial loss from any prior snow removal or street cleaning operation? ()Yes ()No

If Yes, please explain: _____

Applicant's Name & Title: _____
 Applicant's Signature: _____ Date: _____
 (Must be signed by active owner, partner or executive officer)
 Producer's Signature: _____ Date: _____

PLEASE INCLUDE IN YOUR FAX COPIES OF THE FOLLOWING:

- 1) FACE SHEETS OF AUTO AND BUSINESS INSURANCE POLICIES
- 2) COPY OF STANDARD SNOW PLOWING CONTRACT
- 3) URL OR COPY OF COMPANY BROCHURE