



[Casualty Application]

## **SNOW REMOVAL APPLICATION**



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# SNOW REMOVAL APPLICATION

## PART 1 GENERAL INFORMATION

Business Name: \_\_\_\_\_

Principal(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

# of Years in Business: \_\_\_\_\_ # of Years Experience: \_\_\_\_\_

Loss Experience (5 years)

Date: \_\_\_\_\_ Reserve: \_\_\_\_\_ Paid: \_\_\_\_\_ Expenses: \_\_\_\_\_ Closed:  Yes  No

Details: \_\_\_\_\_

Date: \_\_\_\_\_ Reserve: \_\_\_\_\_ Paid: \_\_\_\_\_ Expenses: \_\_\_\_\_ Closed: \_\_\_\_\_

Details: \_\_\_\_\_

Current insurance company on risk? \_\_\_\_\_ Are they renewing?  Yes  No Expiring premium: \$ \_\_\_\_\_

Show estimated annual gross receipts for snow removal, sanding and salting work split as follows:

Type of Work	Estimated Gross Receipts	Estimated Number of Hours
Highways		
Municipal Streets & Sidewalks		
Retail & Residential Properties		
Institutional (Hospitals, Schools, etc)		
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If you are responsible for clearing particular roads or segments of roads, show the number of kilometers: \_\_\_\_\_

Is any work performed at airports?  Yes  No

If yes, does it involve aircraft runways, taxiing loading or hanger areas?  Yes  No

List 5 of your largest contracts:

Location	Description of Work	Estimated Gross Receipts



**PART 4** **COVERAGE REQUIREMENTS**

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Limit(s) of Liability Insurance required: \_\_\_\_\_

Deductible Requested: \_\_\_\_\_

Tenants Legal Liability required: \_\_\_\_\_

Deductible Requested: \_\_\_\_\_

**NOTICE TO APPLICANT:**

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
  - a) Gives false or erroneous information to the prejudice of the insurer, or
  - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Please print name: \_\_\_\_\_ Date: \_\_\_\_\_