



Winter Weather Questionnaire

Insured: _____	Date: _____
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Interior

1. Does the facility utilize any of the following? *(Please check all that apply)*

- Non-slip entrance mats
- "Caution" or "Wet Floor" signage near entrance way
- Employees tasked with clearing entrance of snow/water

Exterior

1. Are any of the following measures taken during snowy months? *(Please check all that apply)*

Description	Internal/Employee	Contract/Hired
Snow/ice removal from roof	<input type="checkbox"/>	<input type="checkbox"/>
Gutter cleaning or ice dam prevention	<input type="checkbox"/>	<input type="checkbox"/>
Plowing or salting of parking lots	<input type="checkbox"/>	<input type="checkbox"/>
Shoveling or salting of exterior walkways	<input type="checkbox"/>	<input type="checkbox"/>

2. Are certificates of insurance obtained for any contracted or hired services? Yes No

Roof & Leakage Issues

1. Has the facility experienced any roof leaking or water issues in the past 24 months? (Including ice dams) Yes No

2. Year roof was fully replaced (Approx.): _____	3. Year roof was last fully resurfaced (Approx.): _____
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4. Year roof was last patched or serviced (Approx.): _____

Details on work completed:

5. Roofing Material type: _____

Examples: Aluminum Coating, Asphalt Shingles, Asphalt (architectural), BUR (built-up roofing), Cellulose Fiber, Clay/Concrete, Coal and Tar, Copper, EPDM Rubber (ethylene propylene diene), Fiber Cement, Green (vegetation-covered), Metal, Modified Bitumen, Simulated Slate, Slate, TPO, Wood

Comments

Please provide any additional details regarding winter weather management at the facility (if applicable)

To the best of my knowledge and belief the information provided in this application, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosures or misrepresentation of a material fact will entitle the company to void the Insurance. I understand that signing this Application does not bind me to complete the insurance but agree that should an insurance policy be issued, this Application and the statements made therein shall form the basis of the insurance policy.

Name _____ **Date** _____

X _____