

Instructions: Please complete the form in detail. Print and fax to 419-539-6851 or email to mike@bellaslawndandscape.com



3017 Hill Ave  
Toledo, OH 43607  
419-536-9003

# Subcontractor Application

Date:

New  Revised

Business Name:

Main Contact Name:

Business Address:

City, State, Zipcode:

Email Address:

Business Phone:

Cell Phone:

Home Phone:

### Alternate Contacts:

Name (1):

Home Phone:

Work Phone:

Cell Phone:

Position:

Name (2):

Home Phone:

Work Phone:

Cell Phone:

Position:

### Capabilities

### Areas you can service

Cities:

Separate with commas

Counties:

Separate with commas

States:

Separate with commas

Do you have Comprehensive Liability Insurance Coverage?  yes  no

Can you provide a Certificate of Insurance to prove it?  yes  no

Are you a Certified Snow Professional CSP?  yes  no

Do you have Worker's Compensation Insurance?  yes  no

Check languages your crews speak:  English  Spanish

### Number and Types of Trucks and Equipment Available for Plowing and /or Salting:

Number and Type of Trucks

List Types of Equipment:

Are your trucks set up to spread bulk salt?  yes  no

Can you provide sidewalk labor?  yes  no

Will the sidewalk laborers be your own full-time employees?  yes  no

Do you intend to use the same operators for each storm on a particular site?  yes  no

Will different operators be brought into a particular site if a new storm hits?  yes  no

Do your operators have experience plowing with snow pushers?  yes  no

We require a 45 minute response time from "call out" to the time you are "onsite" is this possible for you?  yes  no

We require everyone to be on call 24/7 365 including holidays. Can you be available at any time at a moment's notice?  yes  no

How many years of snow plowing experience do you have?