



**8997 Columbia Road • Olmsted Falls, OH 44138
(440) 235-2356 • www.smartscapesoh.com • info@smartscapesoh.com**

**SUB-CONTRACTOR VEHICLE AND INSURANCE INFORMATION SHEET FOR
SNOW PLOWING**

Full Name _____
 Social Security Number _____
 Address _____
 City, State, Zip Code _____
 Sex Male _____ Female _____
 Phone Numbers Home _____
 Cell _____
 Make of Vehicle _____
 Model _____
 Year _____
 Plow Size _____
 Plow Type _____
 Registration Number _____
 License Number _____
 State _____

Insurance Company _____
 Name _____
 Address _____
 City, State, Zip Code _____
 Phone # _____
 Agent’s Name _____
 Agent’s Number if different _____
 Type of Coverage _____
 Expiration Date _____

I swear that this information is correct to the best of my knowledge.

Date: _____ Signature: _____

PLEASE NOTE: All Sub-contractors must provide and supply a certificate of insurance for auto liability insurance with a recommended limit not less \$300,000.00. The certificate must also name **Smart Scapes Landscaping, Inc.** as an additional insured.

- In any event, failure to provide a certificate of insurance will result in 25% of the amounts due to the sub-contractor being retained by Smart Scapes Landscaping, Inc. to cover additional insurance premiums that may be levied against Smart Scapes Landscaping, Inc. by its insurance company in order to adequately insure that apparent uninsured sub-contractor. This retainer will be paid to the sub-contractor within 30 days of receipt of a valid certificate of insurance.