



JANITORIAL SERVICES SUPPLEMENTAL APPLICATION

1. Named Insured: _____
2. Website Address: _____
3. Number of Years in Business: _____ License Number: _____

4. Deductible: \$500 \$1,000 \$2,500

5. **Additional Coverages** – Check all that apply:

- Additional Insureds Individual Blanket
- Waiver of Subrogation Individual Blanket
- Primary Wording Individual Blanket

6. **Current General Liability Information**

A. Please provide name of carriers, premiums paid, limits, sales, deductibles and loss runs for the past 5 years.

	Year	Year	Year	Year	Year
Carrier					
Premium					
Payroll					
Deductible					
Losses					

B. Has any company canceled or declined to renew in the past 5 years? Yes No

If Yes, please explain: _____

C. Has the insured ever had a lapse in coverage? Yes No

If Yes, please explain: _____

Claim Information

- a) Please attach 5 years of currently valued loss runs (valued no more than 3 months from the date of application).
- b) Does the Applicant require staff to report all unusual incidents/are all incident reports reviewed by Management? Yes No
- c) Does the Applicant have any knowledge concerning any incidents that have occurred prior to the date of this Application that may give rise to a future claim? Yes No

7. Total Number of:
- | | Full Time | Part Time |
|---|-----------|-----------|
| Employees who perform janitorial service(s) | _____ | _____ |
| Owners/Partners who perform janitorial service(s) | _____ | _____ |
| Supervisors who perform janitorial service(s) | _____ | _____ |

8. Indicate Annual Sales for each of the following industries serviced:

Operations for	Annual Sales
Aircraft	\$
Apartments	\$
Construction Make-Read	\$
Convenience Stores, Grocery Stores, Supermarkets	\$
Convention Halls	\$
Crime Scene Cleanup	\$
Department Stores	\$
Hospitals / Convalescent Homes	\$
Hotels	\$
Industrial	\$
Offices	\$
Off-Shore Oil Rigs	\$
Private Residences	\$
Retail Stores	\$
Schools / Colleges / Universities	\$
Shopping Centers and Malls	\$
Sports Complexes	\$
Transportation Terminals	\$
Theaters	\$
Other (Describe):	\$
Total Annual Sales:	\$

9. Type of Operations Performed – Show Sales Figures for **Bolded** Operations:

Operations	Payroll / Sales
Carpentry	\$
Carpet / Upholstery Cleaning <input type="checkbox"/> Interior <input type="checkbox"/> Exterior	\$
Consulting	\$
Equipment Rental	\$
Floor Stripping / Waxing (must be less than 20% of sales)	\$
Janitorial – General Services	\$
Janitorial Supply Retail / Wholesale	\$
Landscaping / Plant or Shrub Servicing	\$
Machinery / Equipment Cleanup / Degreasing	\$
Painting	\$
Pressure Washing	\$
Recycling	\$
Sandblasting	\$
Snowplowing (risk is not eligible for coverage)	\$
Restaurant Hood Cleaning (risk is not eligible for coverage)	\$
Window / Screen / Skylight Cleaning (Interior only)	\$
(Exterior – refer to Window Cleaning Classification)	
Other (Describe):	\$

10. If Applicant provides exterior window cleaning, please advise the maximum number of stories:

11. Does Applicant use scaffolds or rigging?

Yes No

If Yes, please answer the following and refer to Company:

a) Own scaffolds? Yes No

b) Rent scaffolds to others? Yes No

c) Rent scaffolds from others? Yes No

12. On average, how many jobsites does a crew visit in a single shift?

13. Does Applicant hire subcontractors?

Yes No

If Yes, Annual Cost: \$ _____

Description: _____

14. Does Applicant obtain Certificates of Insurance from subcontractors?

Yes No

15. Is Applicant added as an additional insured by subcontractors?

Yes No

16. Describe procedures for:

a. Prevention of Slips and Falls for workers and general public: _____

b. Use and storage of hazardous materials: _____

c. Job Site Closure (daily closing checklist): _____

d. Protection of Customer's Keys: _____

17. Do you currently have in place or contemplate adding any national companies (such as national grocery store or restaurant chains) that you provide janitorial services for under contract basis?

Yes No

If Yes, are you required to sign a Hold Harmless Agreement in favor of the client (national company)?

Yes No

18. Supervisory Controls in Place:

a. Employees work in pairs? Yes No

b. Employees supervised on the job? Yes No

c. Single person jobs limited to experienced staff? Yes No

d. Periodic unannounced job site management checks? Yes No

e. Degree of supervision matched with job complexity and susceptibility of customers to theft or breakage? Yes No

19. Hiring Practices:

a. Written employment application required for all prospective employees? Yes No

b. Applications require listing of convictions and statement that false statements are grounds for dismissal? Yes No

c. Employee's photograph retained in personnel file? Yes No

d. Criminal histories obtained on key employees? Yes No

e. Formalized Training Program? Yes No

If Yes, please describe: _____

The undersigned applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Notwithstanding any of the foregoing, the applicant understands that we are not obligated or under any duty to issue a policy of insurance based upon this information. The applicant further understands that if a policy of insurance is issued, this questionnaire will be incorporated into and from a part of such policy.

Signature of applicant: _____

Date: _____

Signing this questionnaire does not bind the applicant or the insurer or the underwriting manager to provide the insurance.