

## Janitorial Services Supplemental Application

\*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: <http://get.adobe.com/reader/>.

**Instructions:** All questions must be answered. This application must be signed and dated by an owner, officer or partner. Please read carefully the statements at the end of this application.

### Section I – Applicant Information

Name of Applicant: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 P.O. Box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Website: \_\_\_\_\_  
 State(s) / Area of Operation: \_\_\_\_\_ Years in Business: \_\_\_\_\_  
 Description of Operations: \_\_\_\_\_

### Section II – Exposure Information

1. Please provide the following information:

Employee Data		Number	Approved Payroll
Owner(s) only			\$
Employees excluding clerical:	Full-Time		\$
	Part-Time		

Year	Annual Gross Receipts
5th Prior Year	\$
4th Prior Year	\$
3rd Prior Year	\$
2nd Prior Year	\$
Current Year	\$
Projected Next 12 months	\$

Leased or Subcontracted		Number	Approved Payroll
Leased Employees			\$
Independent Contractors			\$

2. Describe subcontracted work:

### Section III – Industries Serviced

1. Please indicate the annual sales generated from the following industries serviced. (Check all that apply.)

Classification	Annual Sales
<input type="checkbox"/> Aircraft	\$
<input type="checkbox"/> Apartments/Condo Complexes	\$
<input type="checkbox"/> Assisted Living or Nursing Home	\$
<input type="checkbox"/> Construction Make-Ready	\$
<input type="checkbox"/> Convenience or Grocery Stores	\$
<input type="checkbox"/> Clean Rooms	\$
<input type="checkbox"/> Convention Centers/Halls	\$
<input type="checkbox"/> Crime Scene Cleanup	\$
<input type="checkbox"/> Department/Discount Stores	\$
<input type="checkbox"/> Governmental Facilities	\$
<input type="checkbox"/> Hospitals, Clinics, Surgical	\$
<input type="checkbox"/> Hotels/Motels	\$
<input type="checkbox"/> Industrial Plants	\$
<input type="checkbox"/> Museums:	\$

Classification	Annual Sales
<input type="checkbox"/> Offices	\$
<input type="checkbox"/> Off-shore Oil Rigs	\$
<input type="checkbox"/> Private Residences	\$
<input type="checkbox"/> Private Practice Medical Office	\$
<input type="checkbox"/> Retail Stores	\$
<input type="checkbox"/> Refineries	\$
<input type="checkbox"/> Schools, Colleges, Universities	\$
<input type="checkbox"/> Shopping Centers & Malls	\$
<input type="checkbox"/> Sports Arenas or Complexes	\$
<input type="checkbox"/> Supermarkets	\$
<input type="checkbox"/> Transportation Terminals	\$
<input type="checkbox"/> Theaters	\$
<input type="checkbox"/> Other: _____	\$
<b>Total Annual Sales</b>	<b>\$</b>

## Section IV – Operations Performed

1. Please indicate payroll and sales for each operation performed. (Check all that apply.)

Operation	Payroll	Annual Sales
<input type="checkbox"/> Carpet/Upholstery Cleaning	\$	\$
<input type="checkbox"/> Construction Cleanup	\$	\$
<input type="checkbox"/> Exterior Building Maintenance	\$	\$
<input type="checkbox"/> Fire/Water/Smoke Damage Restoration	\$	\$
<input type="checkbox"/> Floor Stripping/Waxing/Mopping	\$	\$
<input type="checkbox"/> Janitorial Services – General Services	\$	\$
<input type="checkbox"/> Janitorial Supply: Retail & Wholesale	\$	\$
<input type="checkbox"/> Landscaping: Plant/Shrub Servicing	\$	\$
<input type="checkbox"/> Machinery & Equipment: Cleaning/Degreasing	\$	\$
<input type="checkbox"/> Mold or Spore Remediation	\$	\$
<input type="checkbox"/> Painting	\$	\$
<input type="checkbox"/> Pressure Washing/Cleaning	\$	\$
<input type="checkbox"/> Recycling	\$	\$
<input type="checkbox"/> Snow & Ice Removal	\$	\$
<input type="checkbox"/> Restaurant Vent Hood Cleaning	\$	\$
<input type="checkbox"/> Window/Screen/Skylight Cleaning	\$	\$
<input type="checkbox"/> Other (Describe): _____	\$	\$

2. Does the applicant perform exterior window cleaning?

Yes  No

If YES, what is the maximum number of stories? \_\_\_\_\_

If YES, does the applicant use scaffold/rigging?  Owned  Rented

## Section V – Liability Controls / Safety

### 1. Supervisory Controls

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

b. Does applicant have a jobsite closure (daily closing checklist)?

Yes  No

c. Do employees work in pairs?

Yes  No

d. Are employees supervised on the job?

Yes  No

e. Are single-person jobs limited to experienced staff?

Yes  No

f. Periodic unannounced jobsite management checks?

Yes  No

### 2. Hiring Practices

a. Are written employment applications required for all prospective employees?

Yes  No

b. Are pre-employment screenings, including police/criminal background checks, on all employees?

Yes  No

c. Are applicant's employees bonded?

Yes  No

If YES, effective date of coverage? \_\_\_\_\_

d. Does the applicant have a formal safety & training program?

Yes  No

e. Does applicant have Workers' Compensation coverage in place?

Yes  No

### 3. Subcontractors

a. Does the applicant obtain Certificates of Insurance from all subcontractors?

Yes  No

b. Do you require all subcontractors to carry general liability limits equal to yours?

Yes  No

c. Do subcontractors hold applicant harmless or provide additional insured status?

Yes  No

d. Do you require all subcontractors to carry Workers' Compensation coverage?

Yes  No

## Section VI – Claim History

1. Does the applicant have any knowledge of any pre-existing act, omission, event, condition or damages to any person or property that may potentially give rise to any future claim or legal action against any named in the application?  Yes  No

**If YES, please describe:**

2. Are there any claims or legal actions pending against any active, inactive or dissolved entities in which you have had a controlling interest?  Yes  No

**If YES, please describe:**

3. Has the applicant ever been accused of breaching a contract in the past five (5) years?  Yes  No

**If YES, please describe:**

4. Has the applicant been fired or replaced on a job in progress in the past three (3) years?  Yes  No

**If YES, please describe:**

5. Has the applicant ever been named in litigation regarding faulty construction in the past eight (8) years?  Yes  No

**If YES, please describe:**

6. Has the applicant ever had a lapse in GL coverage?  Yes  No

**If YES, please describe:**

## Fraud Warning

**Any person who, with intent to defraud or knowing that (s)he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.**

**ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW JERSEY, NEW MEXICO and VIRGINIA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an Application for insurance is guilty of a crime. In Alabama, Arkansas, Louisiana and Maryland, that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines & denial of insurance benefits.

**COLORADO:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**DISTRICT OF COLUMBIA, KENTUCKY and PENNSYLVANIA:** Any person who knowingly and with intent to defraud any insurance company or other person files an Application for insurance or statement of claim containing materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. In District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the Applicant provides false information materially related to a claim. In Pennsylvania, the person may also be subject to criminal and civil penalties.

**FLORIDA and OKLAHOMA:** Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an Application containing any false, incomplete or misleading information is guilty of a felony. In Florida it is a felony to the third degree.

**KANSAS:** An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an Insurer, purported Insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for personal or commercial insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto is considered a crime.

**MAINE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

**NEW YORK:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

**OHIO:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**OREGON:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

**TENNESSEE and WASHINGTON:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and/or denial of insurance benefits.

## Representation Statement

I hereby apply for a policy of insurance as set forth in the application and I declare that all information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any policy which may be issued by the company will be issued on the basis of and reliance upon my statements in this application. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the company.

The signing of this application does not bind the undersigned to purchase the insurance and accepting this application does not bind the Insurer to complete the insurance or to issue any particular policy. If a policy is issued, it is understood and agreed that the Insurer relied upon this application in issuing each such policy and any endorsements thereto. The undersigned further agrees that if the statements in this application change before the effective date of any proposed policy, which would render this application inaccurate or incomplete, notice of such change, will be reported in writing to the Insurer immediately.

The Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

### Applicant:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**I hereby declare that all the information contained in this application is correct and complete to the best of my knowledge and belief, that the application was complete and personally signed by the applicant and that a completed copy hereto has been given to the applicant.**

Name of Producing Agency: \_\_\_\_\_

Signature of Producing Agent: \_\_\_\_\_ Date: \_\_\_\_\_

**SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY**