

JANITORIAL GENERAL LIABILITY APPLICATION SUPPLEMENT

1. Proposed First Named Insured & Other Named Insured(s):

2. Mailing Address Street City County State ZIP Code

3. Location Address Street City County State ZIP Code

4. Contact Name: _____ Website: _____

Contact for Inspection/Audit: Name: _____

Phone No.: _____

5. Applicant is: Individual Partnership Corporation Joint Venture LLC
 Other (specify): _____

6. Proposed Effective Date: From: _____ To: _____

BUSINESS INFORMATION

1. Years in Business: _____ Years Experience: _____

2. Enter the payroll associated with each category:

a. Cooking Equipment Cleaning	\$
b. Floor Waxing	\$
c. Real Estate Property Management	\$
d. Sterilization	\$
e. Bio Hazards or Medical Waste	\$
f. Supermarket or Grocery Store Cleaning	\$
g. Other Retail Store Cleaning	\$
h. Remediation Services (Asbestos, Mold, Lead, Removal or Clean-up of Pollutants)	\$
i. Aircraft Cleaning	\$
j. Nursing Home, Hospital or Morgue Cleaning	\$
k. Work Performed During Client's Business Hours	\$
l. Cleaning of Residential Homes	\$
m. Cleaning of NEW Residential Homes (prior to sale)	\$
n. Business Office Cleaning	\$
o. Industrial Cleaning	\$
p. Other (explain): _____	\$

TOTAL PAYROLL \$

	Yes	No
3. Do you hire subcontractors? If yes:	<input type="checkbox"/>	<input type="checkbox"/>
a. Do you require that they have their own insurance?	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you require proof of insurance?	<input type="checkbox"/>	<input type="checkbox"/>
c. Do you require that they name you as an additional insured?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you interested in Controlled Property of Others Coverage (S2830-CG)?	<input type="checkbox"/>	<input type="checkbox"/>
\$100 Deductible applies. If yes, choose limit:		
<input type="checkbox"/> \$5,000/\$5,000 <input type="checkbox"/> \$10,000/\$25,000 <input type="checkbox"/> \$25,000/\$25,000		
<input type="checkbox"/> \$50,000/\$50,000 <input type="checkbox"/> \$100,000/\$100,000 <input type="checkbox"/> \$250,000/\$250,000		

5. Are you interested in Lost Key Coverage (S2811-CG)? Yes No
 \$100 Deductible applies. If yes, choose limit:
 \$5,000/\$5,000 \$10,000/\$25,000 \$25,000/25,000

6. Indicate percentage of your Total Payroll during the past year:

a. Commercial or Industrial Work	%
b. Retail Work	%
c. Habitational Work breakdown:	
1) Condominiums (under 14 units)	%
2) Condominiums (over 14 units)	%
3) Multi-family owned developments (Home Owners Associations) under 14 homes	%
4) Multi-family owned developments (Home Owners Associations) over 14 homes	%
5) Tract Housing	%
6) Single Family Homes	%
7) Apartments (under 14 units)	%
8) Apartments (over 14 units)	%
TOTAL	100%

7. Does applicant have any other business ventures for which coverage is not requested? Yes No
 If yes, explain and advise where insured:

PREVIOUS INSURER & LOSS HISTORY – Attach separate sheet if necessary **See Loss Runs Attached**

Missouri Applicants: **DO NOT** answer this question.

Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?

No Yes – If Yes, give name of company, date, and reason:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrence that may give rise to claims for the past 3 years:

Year	Carrier	Policy Number	Premium	Losses Paid	Losses Reserved	Description of Loss

FRAUD STATEMENTS

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim of an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

LOUISIANA and 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 include imprisonment, fines, and denial of insurance benefits.

Refer to the Core Application for all Fraud Statements.

**IMPORTANT NOTICE
DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS PPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
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Producer Signature	Date
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Producer Name and Address
