

**Janitorial Program Supplemental Application**  
 (Complete in addition to ACORD General Liability Application)

Name of Applicant: \_\_\_\_\_

1. How long have you been in business? \_\_\_\_\_ Currently:  Full-time  Part-time
2. Mix of business: Commercial \_\_\_\_\_ % Industrial \_\_\_\_\_ % Residential \_\_\_\_\_ %
3. Property Damage Extension (see limit options on back): \$ \_\_\_\_\_ Occurrence  
 (coverage option selected, if limits are indicated) \$ \_\_\_\_\_ Aggregate

Employee Data	Number	Annual Payroll
Owner(s) only		\$
Employees excl. clerical: Full Time		\$
Part Time		\$

Leased or Subcontracted	Number	Annual Cost
Leased employees		\$
Independent Contractors*		\$

\*Do independents provide you with certificates of insurance? ..... Yes  No

5. Indicate annual sales for each of following industries serviced:

Operations for	Annual Sales	Operations for	Annual Sales
<i>Aircraft</i>	\$	Offices	\$
Apartments	\$	<i>Off-shore oil rigs</i>	\$
Construction Make-Ready	\$	Private Residences	\$
<i>Convenience Stores, Grocery Stores and Supermarkets</i>	\$	Retail Stores	\$
Convention Halls	\$	Schools/Colleges/Universities	\$
Crime Scene Cleanup	\$	Shopping Centers & Malls	\$
Department Stores	\$	Sports Complexes	\$
Hospitals/Convalescent Homes	\$	<i>Transportation Terminals</i>	\$
Hotels	\$	Theaters	\$
Industrial	\$		\$
Other (describe)			\$
Total Annual Sales			\$

**6. Type of Operations Performed:** (Show sales figures for bolded operations)

Operation	Payroll/Sales	Operation	Payroll/Sales
Carpentry	\$	Painting	\$
Carpet/Upholstery Cleaning	\$	Pressure Washing	\$
Construction Cleanup θ Interior θ Exterior	\$	Recycling	\$
Consulting	\$	<i>Sandblasting</i>	\$
Equipment Rental	\$	Security	\$
<b>Floor Stripping/Waxing</b>	\$	<b>Snowplowing</b>	\$
Janitorial—General Services	\$	<i>Restaurant Hood Cleaning</i>	\$
<b>Janitorial Supply Retail/Wholesale</b>	\$	Window/Screen/Skylight Cleaning	\$
Landscaping/plant or shrub servicing	\$	Other (describe)	\$
Machinery/Equip. clean/degreasing	\$		\$

**7. Window Cleaning:**

Maximum number of stories: \_\_\_\_\_

Scaffolding/rigging, if any:    θ Rented            θ Owned

**8. Please provide a brief description of any hazardous waste handled, storage of combustible material, and recyclables handled:** \_\_\_\_\_

**9. Are your employees bonded?** .....θ Yes    θ No

If yes, effective date of coverage: \_\_\_\_\_

**FRAUD WARNING:**

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 subjects such person to criminal and civil penalties.

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please select your underwriter from the dropdown: