



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

Name of Applicant: _____

Web Site Address: _____

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 the following industries serviced:

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

6. Type of Operations Performed (show sales figures for operations):

Operation	Payroll	Sales
Carpentry	\$	\$
Carpet/Upholstery Cleaning	\$	\$
Construction Cleanup <input type="checkbox"/> Interior <input type="checkbox"/> Exterior	\$	\$
Consulting	\$	\$
Equipment Rental	\$	\$
Fire/Water Restoration	\$	\$
Floor Stripping/Waxing	\$	\$
Janitorial—General Services	\$	\$
Janitorial Supply Retail/Wholesale	\$	\$
Landscaping/Plant or Shrub Servicing	\$	\$
Machinery/Equip. Clean/Degreasing	\$	\$
Mold or Spore Remediation	\$	\$
Painting	\$	\$
Pressure Washing	\$	\$
Recycling	\$	\$
Sandblasting	\$	\$
Security	\$	\$
Snowplowing	\$	\$
Restaurant Hood Cleaning	\$	\$
Window/Screen/Skylight Cleaning	\$	\$
Other (describe)	\$	\$

7. Window Cleaning:

Maximum number of stories: _____

Scaffolding/rigging, if any: Rented Owned

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

9. Are your employees bonded? Yes No

If yes, effective date of coverage: _____

10. Do you have other business ventures for which coverage is not requested? Yes No

If yes, explain and advise where insured: _____

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.

FRAUD WARNING (APPLICABLE IN 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 include imprisonment, fines, and denial of insurance benefits.

APPLICABLE IN THE STATE OF 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.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by an owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____