



Janitorial Contractors Application

1. Name _____
 (Complete name as it should appear on the policy including Inc., Corp., Ltd., Etc.)

2. Physical Address _____
 No. Street City County State Zip Code

3. Telephone () _____ Fax () _____

4. Total number of employees: _____ Full Time _____ Part Time

5. Date established _____ License No. _____
 Sole Proprietor Partnership
 Corporation Other

6. Policy proposed effective date _____ to _____

7. Please fill out the table below for the current and previous policy year:

| | Current Policy Year (next 12 months) | |
|------------------------|--------------------------------------|--|
| Annual Revenue (sales) | \$ | |
| Annual Payroll* | \$ | |
| Amount Paid to Subs | \$ | |

*Employees/owners who perform janitorial services. Do not include clerical or sales payroll.

8. Indicate, in percentage totaling 100%, your **customers/clients**:

- | | | | |
|----------------------------|------------------------------|---------------|------------------------|
| _____ Office Buildings | _____ Hospitals | _____ Stores | _____ Education |
| _____ Manufacturing Plants | _____ Nursing Homes | _____ Hotels | _____ Airports |
| _____ Government | _____ Medical Offices | _____ Museums | _____ Supermarkets |
| _____ Apartment Houses | _____ Residential Cleaning | _____ Malls | _____ Bars/Restaurants |
| _____ Bus/Train Stations | _____ Other (describe) _____ | | |

9. Indicate, in percentage totaling 100%, the services you provide:

- | | | |
|---|--|------------------------------|
| _____ General Cleaning* | _____ Landscaping (including lawn moving) | _____ Industrial Cleaning |
| _____ Pest Control/Exterminating | _____ Floor Waxing and Refinishing | _____ Carpet Cleaning |
| _____ Ceiling Tile Cleaning | _____ Aircraft Service & Maintenance | _____ Snow Removal |
| _____ Maid/Housekeeping Service | _____ Clean/Renovate Outside Building Walls | _____ Elevator Maintenance |
| _____ Chimney Cleaning | _____ Building Construction or Renovation | _____ Parking Lot Operations |
| _____ Fire Restoration | _____ Exterior Window Cleaning (above 1 st floor) | _____ Building Security |
| _____ Degreasing Service (cleaning restaurant grease traps, Ansul Systems, etc) | | |
| _____ Heating/Ventilation/Air Conditioning Service | | |
| _____ Other (describe) _____ | | |

*General Cleaning includes operations such as vacuuming, dusting, wastebasket trash pickup, floor and rug cleaning, restroom cleanup, etc.

10. Total number of clients: _____ Total number of clients who perform floor waxing: _____

11. For what contracts do you provide services during business hours? _____

12. Please provide the names of your 5 largest clients and a brief description of services provided:

