



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, Ansol 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:

Additional Coverages – Check all that apply

Additional Insureds	_____ Individual	_____ Blanket	Per Project Aggregate	_____	Stop Gap	_____
Waiver of Subrogation	_____ Individual	_____ Blanket	Employee Benefits Liability	_____		
Primary Wording	_____ Individual	_____ Blanket	Hired/Non-owned Auto	_____		

NOTICE TO APPLICANTS: THIS APPLICATION MUST BE COMPLETED IN FULL AS THE QUOTE WILL BE BASED SOLELY ON THE INFORMATION PROVIDED, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME BY SIGNING THIS APPLICATION, THE SIGNOR WARRANTS THAT TO THEIR BEST KNOWLEDGE ALL INFORMATION GIVEN IS TRUE AND ACCURATE

_____	_____	_____
Name (type or print)	Signature	Date

NOTICE TO PRODUCERS: THE PRODUCER HEREBY WARRANTS THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE.

_____	_____	_____	_____
Name (type or print)	Signature	Date	License #

Optional Coverages (please attach an ACORD application)

Property	Contractors Equipment	EDP
Business Auto	Workers' Compensation	Umbrella/Excess
Crime/Employee Dishonesty	Employment Related Practices	