

**Janitorial Contractors Application**

General Info (Complete For All Lines)

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. Please make certain additional locations are on ACORD forms.

4. Inspection Contact \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Audit Contact \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Claims Contact \_\_\_\_\_ Phone ( ) \_\_\_\_\_

5. Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

6. Website \_\_\_\_\_ FEIN \_\_\_\_\_

7. Date established \_\_\_\_\_ License No. \_\_\_\_\_ €Sole Proprietor €Partnership  
€Corporation €Other

8. Policy proposed effective date \_\_\_\_\_ to \_\_\_\_\_

9. Current coverage expires/expired on \_\_\_\_\_

10. Check limit of liability desired: €\$300,000 €\$500,000 €\$1,000,000 €Other \_\_\_\_\_

11. Deductible: €\$1,000 €\$2,500 €\$5,000 €Other \_\_\_\_\_

12. Total Number of:

	Full Time	Part Time
Employees who perform janitorial service(s)		
Owners/partners who perform janitorial service(s)		
Supervisors		

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

	Current Policy Year (next 12 months)	Previous Policy Year (last 12 months)
Annual Revenue (sales)	\$ _____	\$ _____
Annual Payroll*	\$ _____	\$ _____
Amount Paid to Subs	\$ _____	\$ _____
Annual Billable Hours	Hrs: _____	Hrs: _____

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

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

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

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

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

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

16. If you provide exterior window cleaning, please advise the maximum number of stories: \_\_\_\_\_

17. Do you use scaffolds or rigging? €Yes €No
- If yes, please answer the following:
- Do you own scaffolds? €Yes €No
  - Do you rent scaffolds to others? €Yes €No
  - Do you rent scaffolds from others? €Yes €No

18. Describe other operations you perform that are not listed above: \_\_\_\_\_

19. On average, how many jobsites does a crew visit in a single shift? \_\_\_\_\_

20. For what contracts do you provide services during business hours? \_\_\_\_\_

21. Describe any service(s) that you subcontract out: \_\_\_\_\_

22. Do you obtain Certificates of Insurance from subcontractors? €Yes €No

23. Are you added as an additional insured by your subcontractors? €Yes €No

24. Describe your procedures for:

a. Prevention of Slips & Falls for workers and general public: \_\_\_\_\_

b. Use and storage of hazardous materials: \_\_\_\_\_

c. Job Site Closure (daily closing checklist): \_\_\_\_\_

d. Protection of Customer's Keys: \_\_\_\_\_

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

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26. Supervisory Controls in Place:

- |   |      |     |
|---|------|-----|
| a. Employees work in pairs?   | €Yes | €No |
| b. Employees supervised on the job?   | €Yes | €No |
| c. Single person jobs limited to experienced staff?   | €Yes | €No |
| d. Periodic unannounced job site management checks?   | €Yes | €No |
| e. Degree of supervision matched with job complexity and susceptibility of customers contents to theft or breakage? | €Yes | €No |

27. Hiring Practices:

- |   |      |     |
|---|------|-----|
| a. Written employment application required for all prospective employees?                                       | €Yes | €No |
| b. Applications require listing of convictions and a statement that false statements are grounds for dismissal? | €Yes | €No |
| c. Employee's photograph retained in personnel file?  | €Yes | €No |
| d. Criminal histories obtained on key employees?  | €Yes | €No |
| e. Formalized Training Program?   | €Yes | €No |

Please Describe: \_\_\_\_\_  
\_\_\_\_\_

**Additional Coverages**

CHECK ALL THAT APPLY

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

**Current General Liability Information**

1. Please provide name of carriers, premiums paid, limits, sales, deductibles, and loss runs for the past 5 years.

	YR	YR	YR	YR	YR
Carrier					
Premium					
Payroll					
Ded/SIR					
Losses					

2. Has any company canceled or declined to renew in the past 5 years? €Yes €No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Has the insured ever had a lapse in coverage? €Yes €No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

**Claim Information**

1. Make sure to attach 5 years of currently valued loss runs. (Valued no more than 3 months from date of application.)

2. Do you require staff to report all unusual incidents and are all incident reports reviewed by Management? €Yes €No

3. Do you have any knowledge concerning any incidents that have occurred prior to the date of this application that may give rise to a future claim? €Yes €No

**ALL RISKS, LTD.**

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	

**Umbrella/Excess Questionnaire**  
(Please complete only if desired.)

**Explain all "Yes" responses.**

- |   |      |     |
|---|------|-----|
| 1. With the exception of leinholders, are any vehicles not solely owned by and registered to the applicant? | €Yes | €No |
| 2. Do over 50% of the employees use their autos in the business?  | €Yes | €No |
| 3. Is there a vehicle maintenance program in operation?   | €Yes | €No |
| 4. Are any vehicles leased to others?   | €Yes | €No |
| 5. Are any vehicles customized, altered or have special equipment?  | €Yes | €No |
| 6. Do operations involve transporting hazardous material?   | €Yes | €No |
| 7. Any vehicles used by family members or non employees?<br>If so, please identify in remarks.              | €Yes | €No |
| 8. Does the applicant obtain MVR verifications?   | €Yes | €No |
| 9. Does the applicant have a specific driver recruiting method?   | €Yes | €No |
| 10. Are any drivers not covered by Workers Compensation?  | €Yes | €No |
| 11. Any vehicles owned but not scheduled on this application?   | €Yes | €No |

Remarks:

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# WORKERS' COMPENSATION

Information Required with Submission: (Please attach)

1. ACORD Workers' Compensation application
2. Location Coding – see attached pages
3. Financials for accounts over \$100,000
4. Insurance Carrier Premium and Loss statements which are currently valued (5 years required).
5. Drivers schedule: Names, Dates of Birth & Driver's License Number required.
6. Experience Mod. Worksheet
7. Risk Identification Number for the NCCI or Appropriate State Rating Bureau or State Fund:

1. Annual employee turnover rate \_\_\_\_\_%

2. Is the current coverage now in Assigned Risk, State Fund or Voluntary Market? €Yes €No

3. Has any insurance carrier canceled or refused to renew within the past 3 years? €Yes €No  
If yes, please explain \_\_\_\_\_

4. Do you report all WC claims, regardless of payment having been made on the claim? €Yes €No  
If no, please explain: \_\_\_\_\_

5. Employee Benefits Program:  Group Medical  401K  Other \_\_\_\_\_  
Describe your Employee Benefits Program: \_\_\_\_\_

6. Do you have a transitional duty (light duty) program? €Yes €No  
If yes, describe: \_\_\_\_\_

7. Who is responsible for safety? \_\_\_\_\_

8. Do you have a formal safety committee? €Yes €No  
If yes, how frequently does it meet and who attends? \_\_\_\_\_

9. Do you have a medical or physicians network in place for worker's comp. claims? €Yes €No  
If yes, describe in detail: \_\_\_\_\_

10. Auto/Fleet Exposures (Complete if auto is not submitted with the workers' compensation.)

a. Number of Drivers: \_\_\_\_\_

b. Number of and types of vehicles: \_\_\_\_\_

c. How are vehicles used? \_\_\_\_\_

d. What time of the day are vehicles used? \_\_\_\_\_

e. Who is allowed to drive vehicles? \_\_\_\_\_

f. How often are MVR's pulled on all drivers? \_\_\_\_\_

g. Describe MVR policy as it relates to vehicle usage: \_\_\_\_\_

h. Are vehicles taken home? €Yes €No

If yes, what limitations are in place for personal use? \_\_\_\_\_

i. Is there a maintenance program? €Yes €No

WAIVER SUBROGATION – Provide the names, addresses & class codes/payroll of all contracts requiring a waiver of subrogation.

If the Insured has no exposure to any of the High Profile Locations,  
please note "no exposure, and sign/date the form.

## WCM Workers Compensation

### High Profile locations / Exposures

Location / Exposure Type	Yes	Comments
<b>Airports</b>		
<b>Public Transportation (Incl. rail, subway stations)</b>		
<b>Monuments &amp; other historically significant loc.</b>		
<b>Convention Centers</b>		
<b>Major Religious Structures</b>		
<b>Stadiums, Arenas or Sporting Complexes</b>		
<b>Museums / Aquariums/ Zoos</b>		
<b>Stock Exchanges or Financial Centers</b>		
<b>Nationally Recognized Hospitals/ Medical Centers</b>		
<b>Amusement Parks (high profile)</b>		
<b>"Marquis" buildings</b>		
<b>Utilities / Energy Generating Stations</b>		
<b>Refineries / Fuel Depots</b>		
<b>Dams</b>		
<b>Hazardous Chemical Manufacturing</b>		
<b>Weapons / Defense Manufacturing</b>		
<b>Military Bases or Locations</b>		
<b>Major Casinos</b>		
<b>Mail Handling or Delivery</b>		
<b>High-Rise Buildings</b>		
Tier 1: Nationally recognized (e.g., Sears Tower)		
Tier 2: Over 35 stories		
Tier 3: Between 20 and 35 stories		
<b>Other Specialty Situations</b>		
Example: Olympic Venues, other Special Events		

Signature: \_\_\_\_\_

Date: \_\_\_\_\_