



JANITORIAL SERVICES

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

GENERAL

1. Name: _____
2. Address: _____
3. Inspection Contact: _____
Contact Phone Number: _____
Web Address: _____ E-mail Address: _____

4. Is Applicant: Sole Owner/Operator Partnership Corporation

5. Number of: Full-time Workers _____ Part-time Workers _____

Note: You must include all individuals who perform Janitorial Services. This applies to husband/wife teams. Any owners who perform Janitorial Services should be included within the appropriate category. Do not include individuals who perform clerical duties only.

6. Number of Years in Business? _____

7. Annual Payroll: _____ Annual Receipts _____

8. What Percentage of Applicants total work involves Floor Waxing? _____%

9. Does Applicant:

- | | Decline | Eligible |
|---|------------------------------|-----------------------------|
| a. Percentage of Floor Waxing is over 50% or greater | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Have over \$1,000,000 in Annual Sales? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Have over 30 Employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Perform services at properties other than Mercantile, Office or Residential?. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Perform services at Mercantile or Office premises when they are open for business? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Perform services in Health Care or Assisted Living facilities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Handle any Hazardous Material or Infectious Waste? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Work in Bus, Train or Airport Terminals or on Buses, Trains or Aircraft's? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. Work in Industrial Facilities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| j. Provide any treatment or removal of Ice or Snow? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| k. Provide any exterior work in excess of 4 stories? (i.e. Window Washing) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| l. Sell any products under their own Name or Label? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| m. Any operations involving Hood/Duct Cleaning, Water Removal/Extraction,
Security Operations, Insurance Claim Response or Mold Remediation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- | | Submit | Eligible |
|--|------------------------------|-----------------------------|
| n. Other than those covered in m above, are there any additional operations besides
Janitorial Services? (complete question #9) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| o. Any losses in the past 3 years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

10. Additional operations? (submit item from n. above):

- Landscaping Window Washing Carpet Cleaning Lawn Maintenance
 Other _____

Describe the extent of these operations, the projects that have included them, and the annual sales generated by them

HISTORY

11. Name of Previous Insurer: _____ Limits: _____ Premium: _____

12. Has previous Insurer refused to Renew or Cancelled Coverage? Yes No If Yes, describe: _____

13. Loss information for the past 3 years:

Year	# of Claims	Incurred Amounts	Descriptions
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

COVERAGE

14. **Limits of Insurance Requested:**

General Liability: \$100,000/200,000 \$300,000/600,000 \$500,000/1,000,000 1,000,000/2,000,000

15. **Additional Coverages:**

Included at no additional charge

Contractor's Equipment Floater	\$10,000	Blanket Limit	\$500 deductible
	\$2,500	Any One Item	
Rental Reimbursement	\$250	Per Day	
	\$5,000	Any One Loss	
Lost Key	\$25,000	Limit	
Property Damage Extension	\$5,000	Each Occurrence	
	\$25,000	Aggregate	

Optional

Additional Insureds

Name _____

Address _____

Description of relationship _____ Interest _____

Non Owned Auto

Does Applicant:

- a. require employees to have their own automobile insurance? Yes No
- b. required evidence of insurance? Yes No

(If No to either of the above questions, risk is not eligible for Non-Owned Automobile coverage.)

Independent Contractors (*Limits same as General Liability*)

Does Applicant hire Subcontractors? Yes No

If Yes, Annual Cost: \$ _____

Description _____

FRAUD STATEMENT: 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.

THE STATE OF NEW YORK REQUIRES THAT WE HAVE THE NAME AND ADDRESS OF YOUR (INSURED'S) AUTHORIZED AGENT OR BROKER.
 NAME OF AUTHORIZED AGENT OR BROKER: _____
 ADDRESS: _____
 MAIL COMPLETED
 APPLICATION THROUGH
 LOCAL AGENT OR BROKER TO:

WARRANTIES: I/we warrant that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should the company evidence its acceptance of this application by issuance of a policy. I/we agree that such policy shall be null and void if such information is false or misleading in any way as this would materially affect acceptance of a risk by the Company. I/we hereby authorize release of claim information from any insurers or their general agent.

Signature of Applicant* _____ Title _____ (Required) Date _____ (Required)
 (Must be Owner, Officer or Partner)

*SIGNING THIS APPLICATION DOES NOT REQUIRE THE INSURER TO ISSUE A POLICY OF INSURANCE OR REQUIRE THE APPLICANT TO ACCEPT THE INSURANCE OFFERED