



## JANITORIAL PROGRAM GENERAL LIABILITY SUPPLEMENTAL APPLICATION

(Complete in addition to the ACORD General Liability Application)

Applicant's Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 \_\_\_\_\_

Agency Name: \_\_\_\_\_  
 Agent No.: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:** From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

1. **Description of operations:** \_\_\_\_\_

2. **How long has applicant been in business?** \_\_\_\_\_  Full-time  Part-time

3. **Work performed is:** Commercial: \_\_\_\_\_% Industrial: \_\_\_\_\_% Residential: \_\_\_\_\_%

4. **Property Damage Extension limits (GLS-55s):** (Cannot exceed General Liability Limits.)

- |   |   |
|---|---|
| <input type="checkbox"/> \$5,000 Occurrence/\$25,000 Aggregate  | <input type="checkbox"/> \$50,000 Occurrence/\$50,000 Aggregate   |
| <input type="checkbox"/> \$10,000 Occurrence/\$25,000 Aggregate | <input type="checkbox"/> \$100,000 Occurrence/\$100,000 Aggregate |
| <input type="checkbox"/> \$25,000 Occurrence/\$25,000 Aggregate | <input type="checkbox"/> \$250,000 Occurrence/\$250,000 Aggregate |

5.

Employee Data	Number	Annual Payroll	Leased/Subcontracted	Number	Annual Cost
Owner(s) only		\$	Leased Employees		\$
Employees excluding clerical:			Independent Contractors*		\$
Full-Time		\$	(*Include cost of uninsured subcontractors as employee payroll)		
Part-Time		\$			

6. **Does applicant subcontract any operations?** .....  Yes  No

If yes:

- a. Description of operations subcontracted: \_\_\_\_\_
- b. Are all subcontractors required to carry General Liability and Workers Compensation Insurance?....  Yes  No  
 If yes, minimum General Liability limits required:..... \_\_\_\_\_
- c. Are certificates of insurance required from all subcontractors?.....  Yes  No
- d. Is applicant included as an additional insured on all subcontractors' policies? .....  Yes  No
- e. Do written contracts contain hold-harmless agreements in favor of the applicant? .....  Yes  No  
 If no, explain when not required: \_\_\_\_\_

7. Indicate annual sales for each of the following serviced:

Operations for	Annual Sales	Operations for	Annual Sales
Aircraft	\$	Industrial	\$
Apartments	\$	Offices	\$
Cleanrooms	\$	Offshore Oil Rigs	\$
Construction Make Ready	\$	Private Residences	\$
Convalescent/Nursing Homes and Assisted Living Facilities	\$	Retail Stores	\$
Convenience/Grocery Stores and Supermarkets	\$	Schools/Colleges/Universities	\$
Convention Halls/Centers	\$	Shopping Centers and Malls	\$
Crime Scene Cleanup	\$	Sports Arenas or Complexes	\$
Department/Discount Stores	\$	Transportation Terminals	\$
Hospitals	\$	Theaters	\$
Hotels	\$	Other (describe):	\$
Total Annual Sales			\$

8. Indicate payroll and sales for each operation performed:

Operation	Payroll	Sales
Appliance loading, unloading or installation	\$	\$
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	\$	\$
Meth Lab Cleanup	\$	\$
Mold or Spore Remediation	\$	\$
Painting	\$	\$
Packing, loading or unloading operations	\$	\$
Pressure Cleaning	\$	\$
Recycling	\$	\$
Sandblasting	\$	\$
Sanitizing medical equipment or instruments	\$	\$
Security	\$	\$
Snow Removal	\$	\$
Restaurant Vent Hood Cleaning	\$	\$
Window/Screen/Skylight Cleaning	\$	\$
Other (describe):	\$	\$

**9. Exterior window cleaning:**

Maximum number of stories: .....

Scaffolding/rigging:  Rented  Owned  None

**10. Any exterior work over three stories?** .....  Yes  No

**11. Provide a brief description of any hazardous waste handled, storage of combustible material and recyclables handled:** \_\_\_\_\_

**12. Are applicant's employees bonded?** .....  Yes  No

If yes, effective date of coverage:.....

**13. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?** .....  Yes  No

If yes, describe: \_\_\_\_\_

**14. Does applicant have other business ventures for which coverage is not requested?**.....  Yes  No

If yes, explain and advise where insured: \_\_\_\_\_

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA 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.

**APPLICANT'S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.