



JANITORIAL SUPPLEMENT

(Include Acord Application)

Applicant/Named Insured: _____

Mailing Address: _____

Location Address: _____

Website Address: _____ Phone: _____ Fax: _____

Policy Number: _____

1. Mix of business: Commercial: ____% Industrial: ____% Residential: ____%
2. Indicate number of, and annual payroll for all owners, employees and independent contractors:

	Employee Type	Number	Annual Payroll
Regular Employees	Owner(s) only		\$
	Employees – (excluding clerical) Full-Time		\$
	Employees – (excluding clerical) Part-Time		\$
Leased or Subcontracted Employees	Leased Employees		\$
	Independent Contractors *		\$

* Do Independent Contractors provide you with certificates of insurance? Yes No

3. Are your employees bonded? Yes No

4. 'X' all applicable industries serviced and provide annual sales for each:

Industry Serviced	Annual Sales	% Work Done During Business Hours
<input type="checkbox"/> Aircraft	\$	%
<input type="checkbox"/> Apartments	\$	%
<input type="checkbox"/> Construction Make-Ready	\$	%
<input type="checkbox"/> Convenience Stores, Grocery Stores & Supermarkets	\$	%
<input type="checkbox"/> Convention Halls	\$	%
<input type="checkbox"/> Crime Scene Cleanup	\$	%
<input type="checkbox"/> Department Stores	\$	%
<input type="checkbox"/> Hospitals/Convalescent Homes	\$	%
<input type="checkbox"/> Hotels	\$	%
<input type="checkbox"/> Industrial	\$	%
<input type="checkbox"/> Offices	\$	%
<input type="checkbox"/> Off-Shore Oil Rigs	\$	%
<input type="checkbox"/> Private Residences	\$	%
<input type="checkbox"/> Retail Stores	\$	%
<input type="checkbox"/> Schools, Colleges, Universities	\$	%
<input type="checkbox"/> Shopping Centers & Malls	\$	%
<input type="checkbox"/> Sports Complexes	\$	%
<input type="checkbox"/> Transportation Terminals	\$	%
<input type="checkbox"/> Theaters	\$	%
<input type="checkbox"/> Other (describe):	\$	%

Total Annual Sales: \$ _____

5. 'X' all applicable operation types and provide payroll for each:

Operation Type	Payroll
<input type="checkbox"/> Carpentry	\$
<input type="checkbox"/> Carpet/Upholstery Cleaning	\$
<input type="checkbox"/> Construction Cleanup <input type="checkbox"/> Interior <input type="checkbox"/> Exterior	\$
<input type="checkbox"/> Consulting	\$
<input type="checkbox"/> Equipment Rental	\$
<input type="checkbox"/> Floor Stripping/Waxing	\$
<input type="checkbox"/> Flood/Fire Cleanup	\$
<input type="checkbox"/> Janitorial – General Services	\$
<input type="checkbox"/> Janitorial Supply Retail/Wholesale	\$
<input type="checkbox"/> Landscaping/Plant or Shrub Servicing	\$

Operation Type	Payroll
<input type="checkbox"/> Machinery/Equipment Clean/Degrease	\$
<input type="checkbox"/> Painting	\$
<input type="checkbox"/> Pressure Washing	\$
<input type="checkbox"/> Recycling	\$
<input type="checkbox"/> Sandblasting	\$
<input type="checkbox"/> Security	\$
<input type="checkbox"/> Snowplowing	\$
<input type="checkbox"/> Restaurant Hood Cleaning	\$
<input type="checkbox"/> Window Screen/Skylight Cleaning	\$
<input type="checkbox"/> Other (describe):	
	\$

6. If window cleaning operations is applicable:

a. Provide maximum number of stories: _____

b. Is scaffolding/rigging used? Yes No

If yes, is it: Rented or Owned

7. Provide brief description of any hazardous waste or recyclables handled or storage of combustible material:

ATTACH A COPY OF APPLICANT'S STANDARD CONTRACT.

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

NOTICE TO APPLICANTS (EXCEPT CO & NY):

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines or confinement in prison.

NOTICE TO COLORADO APPLICANTS:

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

