

Janitorial Supplemental Underwriting Application

I. GENERAL INFORMATION SECTION:

Risk Name: _____	Date Application Completed: _____
Risk Contact Name: _____	Your Website Address: _____
Description of your business operations: _____	
List any associations of which you are a member: _____	
Please describe any material changes in your operations or business in the past 12 months: _____	

II. ELIGIBILITY SECTION:

How long have you been in business under the current ownership? _____ Years	
Mix of Business? _____ % Commercial	_____ % Residential
Total number of Employees? _____ Full Time	_____ Part Time
Gross Annual Receipts: \$ _____	Annual Payroll: \$ _____
Number of Subcontractors: _____	Total Annual Cost of Subcontractors: \$ _____
Type of work performed by Subcontractors: _____	

INDICATE YOUR PERCENTAGE OF ANNUAL SALES GENERATED FROM THE FOLLOWING OPERATIONS: (All operations noted by an * require a separate detailed description of operations.)

Carpet or Upholstery Cleaning: (*Cleaning of any antique, oriental or Persian rugs.) _____ %	*Construction Clean Up: _____ %	Day Porter: _____ %
*Demolition or Tear out Ops: _____ %	*Elevator Maintenance: _____ %	Exterior Building Maintenance: _____ %
*Fire, Smoke or Water Damage Restoration Services: _____ %	Floor Mopping/Waxing, etc: _____ %	Janitorial Operations: _____ %
Landscaping: _____ %	Painting: _____ %	*Pest Control _____ %
Property Grounds Maintenance: _____ %	Window Washing: _____ %	Other _____ %

INDICATE YOUR PERCENTAGE OF ANNUAL SALES GENERATED FROM THE FOLLOWING CUSTOMERS: (All operations noted by an * require a separate detailed description of operations.)

*Airports: _____ %	Apartment or Condo Complexes (Residential Locations): _____ %	*Clean Rooms _____ %
Governmental Facilities: _____ %	*Hospital or Medical Facilities: _____ %	Hotel/Motel: _____ %
Museums: _____ %	Office Buildings including Medical Offices: _____ %	*Refineries or Chemical Treatment Plants: _____ %
Retail (Shopping Centers, Malls, Stores or Restaurants): _____ %	Schools: _____ %	*Other: _____ %

III. EMPLOYMENT PRACTICES SECTION:

How are your employees recruited?: _____			
Are your job applicants required to complete a written application? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are criminal background checked before hiring? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are driving records checked before hiring? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are driving records updated annually and copies maintained in the employee's personnel file? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do employees use their personal vehicles to drive to jobsites? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you shuttle/transport employees to and from jobsites? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you employees allowed to handle hazardous chemical/material spills caused by your operations while at a customers' premises? <input type="checkbox"/> Yes <input type="checkbox"/> No			

IV. OPERATIONAL PRACTICES SECTION:

Do you use any cleaning supplies that you also manufacture?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you re-label products for use or sale in your business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you sell cleaning labels to the public?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have keys to the buildings of any clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have formal training/safety in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you obtain Certificates of Insurance from all subcontractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require to be named as Additional Insured by your subcontractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you store any flammable liquids or chemicals on your premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you rent, lease or borrow equipment from others?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what? _____	

V. SIGNATURE SECTION

I affirm, represent and warrant that the information provided on this supplemental application is true, complete and accurate to the best of my knowledge, and that I am authorized to sign on behalf of, and bind, the applicant stated above.

Signature: _____

Name: _____ Title: _____ Date: _____