

# Janitorial Supplemental Underwriting Application

## I: General Information

Risk Name:  Date Application Completed:

Risk Contact Name:  Company Website:

List any Associations of which you are a Member:

Describe any material changes in your operations in the last 12 Months:

## II: Eligibility

How long have you been in business under the current ownership?  (Number of 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:

Do you Require to be Named as Additional Insured by your Subcontractors?  Yes  No

Do you obtain Certificates of Insurance from all Subcontractors?  Yes  No

Do you perform any exterior work over 2 stories (24 Ft.) in height?  Yes  No

## III: Indicate your % of Annual Sales Generated from the Following Operations

JANITORIAL					OTHER			
INTERIOR	Total %		EXTERIOR BLDG. MAINTENANCE	Total %		Restoration	Total %	
Basic Cleaning			Power Washing			Construction Clean Up		
Floor Mopping/Wax			Window Cleaning			Clean Rooms		
Carpet Cleaning			Ground Maintenance			Pest Control		
Day Porter			Landscape			Soap/Chemical Manufacturing		
Painting			Day Porter			Other (please describe)		
Handyman			Painting					
Final Move-in Cleaning			Handyman					
			Parking Lot Sweeping					
			Gutter Cleaning					

### IV: Indicate Your Percentage of Sales and Details from each of the Following Areas

Type of Customer	%	Who Specifically	Areas Cleaned	Specific Work Being Performed	Time of Day
Airports					
Government Facilities					
Museums					
Malls/Shopping Centers					
Grocery Stores					
Other Retail - Please List					
Apartment/Condos					
Hospitals					
Medical Facilities					
Office Buildings					
Schools					
Hotel/Motel					
Other - Please List					

### V: Employment Practices

How are your employees recruited?

Are your job applicants required to complete a job application?  Yes  No

Are criminal backgrounds checked before hiring?  Yes  No

Do employees use their personal vehicles to transport other employees OR supplies to and from job sites?  Yes  No

Are driving records updated annually and copies maintained in the employee's personnel file?  Yes  No

How many job site are employees driving to per day? (Insert Number)

Does the insured take action on poor drivers?  Yes  No

Are driving records checked before hiring?  Yes  No

Does the insured have a policy against personal use of company vehicles?  Yes  No

Are employees trained to handle hazardous chemical/material spills by your operations while at a customer's premises?  Yes  No

## VI: Operations Practices

- Do you use any cleaning products that you also manufacture?  Yes  No
- Do you practice safe keeping of janitorial items stored at a client's premises?  Yes  No
- Do you sell cleaning supplies to the public?  Yes  No
- Do you participate in any Owners Contractors Insurance Policy (OCIP) or Wrap-Up work?  Yes  No
- Are any of your operations covered under an OCIP?  Yes  No
- If YES, is that payroll deducted from your overall projected payroll?  Yes  No
- Do you have a formal training and safety program in place?  Yes  No
- Do you have an accident investigation policy in place for all claims/incidents?  Yes  No
- Are employees required to report every incident to a supervisor?  Yes  No
- Do you have a documented quality control program?  Yes  No
- Do you have periodic unannounced job site management checks?  Yes  No
- Is each job supervised?  Yes  No

Describe procedures in place for the following:

Prevention of Slip & Falls for workers and the general public:

Job Site Closure (daily closing checklist):

Protection of Clients keys

## VII: Customers

Is Primary and Non-Contributory status Required?  Yes  No

If YES, by whom specifically:

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

Client Name and Description:

Client Name and Description:

Client Name and Description:

Client Name and Description:

Client Name and Description:

## VIII: Signature

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.

Name & Title:

Date:

\_\_\_\_\_  
Signature of Applicant