

Building Services Supplemental Application

I. General Information

Insured name: Date application completed:

Insured contact name: Insured 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 current management? (# of years)

Total Number of Employees: Full time Part time

Gross annual receipts: Annual field payroll:

Subcontractor Use

i. Number of subcontractors

ii. Total annual subcosts

iii. Type of work performed by subcontractors

iv. Do you require a sub-agreement? Yes No

1. Does it require you are named as an Additional Insured to their policy? Yes No

2. Does it have hold harmless wording in favor of the insured? Yes No

v. Do you obtain and review Certificates of Insurance from your Subcontractors to verify insurance is in place with adequate limits for both General Liability and Workers Comp? Yes No

1. Do you confirm all workers are covered by Workers Comp? Yes No

III. Customers

Is primary & non-contributory wording required per your contracts? Yes No

Do you require Additional Insured endorsements for ongoing operations? Yes No

Specific of Blanket? Specific Blanket

Do you require Additional Insured endorsements for completed operations? Yes No

Specific or Blanket? Specific Blanket

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

Client name and description:

Client name and description:

Client name and description:

Client name and description:

Client name and description:

IV. Operations — please complete all that apply (must add up to 100%)

Do you perform Janitorial work?

Yes N/A

If yes, what is the % of total annual sales derived from this portion of your business?

Mix of business

%

%

Commercial		Residential	
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% of interior vs exterior

Interior

%

Exterior

%

Commercial		Residential	
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Please indicate your % of annual sales generated from the following operations:

Type of Operation	%	Type of Operation	%
Basic cleaning		Hood/duct cleaning	
Floor mopping/waxing		Restoration (including fire and water)	
Day porter services		Pest Control	
Final move in cleaning		Construction clean up	
Exterior power washing		a. % of debris removal	
Window Cleaning below 2 stories		b. % of final cleaning preparing for occupancy	
Window Cleaning above 2 stories		Landscape	
Ground maintenance		a. % Mow & Blow	
Parking lot sweeping		b. % of other	
Street sweeping		Other (please describe)	
Gutter cleaning			

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

Describe procedures in place for the following:

i. Prevention of Slip/Falls for workers and general public:

ii. Jobsite Closure (daily closing checklist)

iii. Protection of client keys

Please indicate your % of annual sales and details from each of the following areas :

Area	%	Who Specifically	Areas Cleaned	Specific Work Performed
Residential Homes				
Apartments				
Condos				
Airports				
Government facilities				
Museums				
Outdoor Malls / Shopping Centers				
Indoor Malls				
Grocery Stores				
Other Retail (please list)				
Hospitals/Surgery Centers/Outpatient Clinics				
Offices Including Medical Offices				
Schools				
Hotel/Motels				
Other (please describe)				

Do you perform Carpet Cleaning?

Yes N/A

If yes, what is the % of total annual sales derived from this portion of your business?

Mix of business

%

%

Commercial		Residential	
------------	--	-------------	--

Please indicate your % of annual sales generated from the following areas:

Customer Type	%	Details
Residential Homes		
Apartments		
Condos		
Airports		
Government facilities		
Museums		
Hospitals/Surgery Centers/Outpatient Clinics		
Offices Including Medical Offices		
Schools		
Hotel/Motels		
Other (please describe)		

Any carpet removal or installation performed?

Yes No

If yes, please describe the extent:

Are all chemicals used approved by the EPA?

Yes No

If not, please explain:

How is wastewater disposed of?

Do you pick up and deliver customer's carpet or furniture?

Yes No

Do you provide 24 hour emergency services?

Yes No

Do technicians provide an itemized list to be performed with accurate pricing before beginning the job?

Yes No

Do you perform Handyman Work?

Yes N/A

If yes, what is the % of total annual sales derived from this portion of your business?

Mix of business % %

Commercial		Residential	
------------	--	-------------	--

% of interior vs exterior

Interior % Exterior %

Commercial		Residential	
------------	--	-------------	--

Please indicate your % of annual sales generated from the following operations:

Operation % Operation %

Minor Electrical		Household Carpentry	
Minor Plumbing		Furniture Assembly	
Painting		Other (please explain)	
Drywall Repair			
Remodeling			

Please indicate your % of annual sales generated from the following areas:

Area % Area %

Residential Homes		Hospitals/Surgery Centers/Outpatient Clinics	
Apartments		Offices Including Medical Offices	
Condos		Schools	
Airports		Hotel/Motels	
Government facilities		Other (please describe)	
Museums			
Other Retail (please list)			

Are you a licensed contractor?

Yes No

If yes, please provide your license number.

Do you perform Painting Services?

Yes N/A

If yes, what is the % of total annual sales derived from this portion of your business?

Mix of business % %

Commercial		Residential	
------------	--	-------------	--

% of interior vs exterior % %

Interior		Exterior	
----------	--	----------	--

Please indicate your % of annual sales generated from the following operations:

Type of Operation %

Repair/Remodel	
New Commercial	
New Residential	

Please indicate your % of annual sales generated from the following areas:

Area % Area %

Apartments		Tract or Planned Unit Developments with more than 5 homes planned	
Condos		Assisted Living Facilities/Retirement Homes or any other multi-unit facility	
Townhomes		Public/Government	
Custom homes		Commercial Buildings	

Do you use scaffolding?

Yes No

If so, do you construct it yourself?

Yes No

Do you rent, lease or borrow equipment from others?

Yes No

Any lead paint removal done?

Yes No

If yes, explain how often:

Is any waterproofing done?

Yes No

If yes, what is the percentage?

Do you perform Flooring Installation and/or Floor Covering?

Yes N/A

If yes, what is the % of total annual sales derived from this portion of your business?

Mix of business

%

%

Commercial		Residential	
------------	--	-------------	--

Please indicate your % of annual sales generated from the following operations:

Type of Operation

%

Repair/Remodel	
New Commercial	
New Residential	

Please indicate your % of annual sales generated from the following areas:

Area

%

Area

%

Apartments		Tract or Planned Unit Developments with more than 5 homes planned	
Condos		Assisted Living Facilities/Retirement Homes or any other multi-unit facility	
Townhomes		Public/Government	
Custom Homes		Commercial Buildings	

Do you do floor waxing?

Yes No

If yes, what is the percentage?

What type of flooring do you install?

— Hardwood/laminate

Indicate %

— Ceramic/Tile/Stone

Indicate %

— Other (please explain

V. Employment Practices

How are your employees recruited?

Are job applications required? Yes No

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

Are criminal background checks done prior to hire? Yes No

Do employees use their personal autos for business? Yes No

If so, how many?

Do you verify personal automobile insurance is in place and current with at least the minimum state required limits? Yes No

Do you obtain proof of insurance from employees? Yes No

How many jobsites are employees driving to each day?

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

If so, how many employees at a time?

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

Are MVRs checked prior to hire and annually thereafter? Yes No

Does the insured take action on poor drivers? Yes No

VI. Operational & Safety Practices

Do you participate in any Owners Contractors Insurance Policy (OCIPS) or Wrap Up Work? Yes No

i. Are any of your operations covered under an OCIP? Yes No

ii. If Yes, is that payroll deducted from your overall payroll projection? Yes No

Do you perform any exterior work over 2 stories (24 ft)? Yes No

Do you have a formal training and safety program in place? Yes No

Do you have an accident investigation in place for all claims/incidents? Yes No

Are employees required to report every incident to a supervisor? Yes No

Do you have periodic unannounced jobsite management checks? Is each job supervised? Yes No

VII. 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 and Title:

Date:

Signature: