



Janitorial Program Supplemental Application

Name of Applicant: _____

Web site Address: _____

Location Address: _____

1. How long have you been in business? _____

2. Mix of business: Commercial _____% Industrial _____% Residential _____%

3. Property Damage Extension limit (GLS-55s): (Cannot exceed General Liability Limits.)

\$5,000 Occurrence/\$25,000 Aggregate

\$50,000 Occurrence/\$50,000 Aggregate

\$10,000 Occurrence/\$25,000 Aggregate

\$100,000 Occurrence/\$100,000 Aggregate

\$25,000 Occurrence/\$25,000 Aggregate

\$250,000 Occurrence/\$250,000 Aggregate

Employee Data	Number	Annual Payroll
Owner(s) only		\$
Employees excl. clerical: Full Time		\$
Part Time		\$

Leased or Subcontracted	Number	Annual Cost
Leased employees		\$
Independent Contractors*		\$

* Do independent contractors provide you with Certificates of Insurance?..... Yes No

5. Exterior Window Cleaning:

Maximum number of stories: _____

Scaffolding/rigging, if any: Rented Owned

6. Please provide a brief description of any hazardous waste handled, storage of combustible material and recyclables handled: _____

7. Are your employees bonded?..... Yes No

If yes, effective date of coverage: _____

8. Do you engage in the generation of power, other than emergency back-up power, for your own use or sale to power companies?..... Yes No

If yes, describe: _____

9. Indicate annual sales for each of the following industries serviced:

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

10. Type of Operations Performed (show sales figures for operations):

Operation	Payroll	Sales
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	\$	\$
Pressure Cleaning	\$	\$
Recycling	\$	\$
Sandblasting	\$	\$
Security	\$	\$
Snow Removal	\$	\$
Restaurant Vent Hood Cleaning	\$	\$
Window/Screen/Skylight Cleaning	\$	\$
Other (describe)		

11. Are you involved in any other business ventures for which coverage is not requested? Yes No

If yes, explain and advise where insured: _____

Name and Title: _____

Signature: _____ Date: _____

(Must be signed by an owner, partner or executive officer)