

Application
For
Janitorial Services
General Liability

1. Name of Applicant _____
 Street Address _____
 City _____ State _____ Zip _____
 Applicant's Web Site Address _____

2. Individual Corporation Partnership Other (Explain) _____

3. List full names of individuals or partners and their interests: _____

4. Location of premises/operations: Street Address _____ City _____ State _____ Zip _____
 5. Areas of operations (States): _____
 5a. Number of years in business: _____

6. Prior Insurance/Loss Information:

Insurance Company	Policy Period	Limits of Liability	Premium	# Claims/Amounts

6a. Description of prior claims: _____

7. Proposed Effective Dates: From _____ To _____

8. Limits Of Insurance Requested:

100,000/200,000 300,000/600,000 500,000/1,000,000 1,000,000/2,000,000

9. Projected Annual Payroll: \$ _____
 Projected Annual Gross Sales: \$ _____
 Number of Employees: _____

10. Descriptions of Exposures:

Office Cleaning _____ % Residential/Apartments _____ % Commercial _____ %
 Restaurants _____ % Other _____ %

Describe: _____

11. Does Applicant:

- Clean or inspect hoods/ducts? Yes No
- Handle any hazardous material or infectious waste? Yes No
- Work in bus, train or airport terminal or on bus, train or aircraft? Yes No
- Work in manufacturing facilities? Yes No
- Treat or remove ice/snow? Yes No
- Any clean up of crime scenes? Yes No
- Do restoration work involving water damage, fire damage or mold? Yes No
- Do landscaping/lawn maintenance? Yes No
- Wash windows? Yes No
- Wash windows over three stories? Yes No
- Do carpet cleaning? Yes No
- Do clean up at construction site? Yes No
- Do floor waxing? Yes No
- Sell any products under own name/label? Yes No
- Clean nursing homes or geriatric facilities? Yes No

If "YES" to any question above, give details and gross sales:

12.

Additional Insureds	Interests	Do they require certificates?

13. Optional Coverages:

- | | |
|--|---|
| Care/Custody/Control Limit (5k/5k – INCLUDED) <input type="checkbox"/>
Limit 10k/25k <input type="checkbox"/>
Limit 50k/50k <input type="checkbox"/>
Limit 100k/100k <input type="checkbox"/>
Limit 250k/250k <input type="checkbox"/> | Lost Key Coverage Limit (5k/5k INCLUDED) <input type="checkbox"/>
Limit 10k/25k <input type="checkbox"/>
Limit 25k/25k <input type="checkbox"/> |
|--|---|

Equipment floater Limit _____ (not greater than 10k, with \$500 deductible)

14. Subcontractors used? Yes No Cost: \$ _____
- Do all subs provide Certificates of Insurance? Yes No
- Limits required of your subcontractors (must be equal to or greater than policy limits) \$ _____
- Name you as Additional Insured Yes No
- Hold you harmless in contract? Yes No

Does the insured keep copies of all required certificates? Yes No

How long are they kept? _____

Applicant's Signature: _____

Date: _____

Title: _____

Producing Agent: _____