



**Janitorial Program Supplemental Application**  
(Complete in addition to ACORD General Liability Application)

Name of Applicant \_\_\_\_\_

Website Address: \_\_\_\_\_

1. How long have you been in business? \_\_\_\_\_
2. How many employees do you currently have?: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time
3. Do you have Workers Compensation coverage in force?  Yes  No
4. Does Applicant lease employees?  Yes  No
5. Mix of business: Commercial \_\_\_\_\_% Industrial \_\_\_\_\_% Residential \_\_\_\_\_%

Employee Data	Number	Annual Payroll
Owner(s) only		
Employees : Full time:		
Part time:		

6. Does applicant subcontract work?  Yes  No
7. Are subcontractors insured and provide you with a COI?  Yes  No
8. Is applicant an additional insured on all subcontractor policies?  Yes  No
9. Do all subcontractors "Hold you harmless"?  Yes  No
10. Does the applicant keep copies of all certificates?  Yes  No

Leased or Subcontracted	Number	Annual Cost
Leased employees		
Independent Contractors		

**Indicate annual sales for each of the following industries serviced:**

Operations for	Annual Sales	Operations for	Annual Sales
Office Buildings	\$	Convention halls	\$
Industrial Buildings	\$	Private residence	\$
Shopping Mall	\$	Aircraft	\$
Supermarket	\$	Make-Ready Con.	\$
Department store	\$	Schools	\$
Retail store	\$	Terminals	\$
Apartments	\$	Window cleaning	\$
Hotels	\$	Convenience Stores	\$
Theatre/cinemas	\$	Other:	\$
Hospitals	\$	Other:	\$
Sports complex	\$	Other:	\$

**Type of Operations Performed:**

Operation	Payroll	Sales
Carpentry	\$	\$
Carpet/upholstery cleaning	\$	\$
Construction cleanup	\$	\$
Consulting	\$	\$
Equipment Rental	\$	\$
Fire/Water Restoration	\$	\$
Floor Stripping/Waxing	\$	\$
Janitorial-General Services	\$	\$
Janitorial Supply Retail/wholesale	\$	\$
Landscaping/plant or shrub	\$	\$
Machinery/equip. Clean/degreasing	\$	\$
Mold or spore remediation	\$	\$
Painting	\$	\$
Pressure Washing	\$	\$
Recycling	\$	\$
Sandblasting	\$	\$
Crime Scene clean up	\$	\$
Snowplowing	\$	\$
Restaurant Hood Cleaning	\$	\$
Window/screen/skylight cleaning	\$	\$
Other:	\$	\$

11. Window Cleaning: Maximum number of stories \_\_\_\_\_

Scaffolding/rigging, if any: \_\_\_\_\_ Rented \_\_\_\_\_ Owned

12. Does risk lend, lease, or rent any equipment to others?  Yes  No

13. Are the employees trained on proper use of cleaning products?  Yes  No

14. Does insured properly seal and store flammable and combustible substances in a cool, well-ventilated area?  Yes  No

15. Please provide a brief description of any hazardous waste handled, storage of combustible material, and recyclables handled: \_\_\_\_\_

16. Are your employees bonded?  Yes  No

17. Do you have any other operations?  Yes  No

If yes, please explain and list where insured:

\_\_\_\_\_

**FRAUD STATEMENT**

I DECLARE THT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. Any changes in your operation must be reported to your agent.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent Name

\_\_\_\_\_  
Agent Address