



JANITORIAL SUPPLEMENT

(Include Acord App)

Applicant's Name: _____ Location Address: _____

Mailing Address: _____

Phone: _____ Fax: _____

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

Employee Data	Number	Annual Payroll	* Do independents provide you with certificates of insurance? Yes No
Owner(s) only		\$	
Employees (excluding clerical) Full-time		\$	
Employees (excluding clerical) Part-time		\$	
Leased or Subcontracted	Number	Annual Cost	
Leased Employees		\$	
Independent Contractors *		\$	

Indicate annual sales for each of the following industries serviced:

Operations for	Annual Sales	Work done during business hours	Operations for	Annual Sales	Work done during business hours
Aircraft	\$		Offices	\$	
Apartments	\$		Off-shore oil rigs	\$	
Construction Make-Ready	\$		Private Residences	\$	
Convenience Stores, Grocery Stores and Supermarkets	\$		Retail Stores	\$	
Convention Halls	\$		Schools/Colleges/Universities	\$	
Crime Scene Cleanup	\$		Shopping Centers & Malls	\$	
Department Stores	\$		Sports Complexes	\$	
Hospitals/Convalescent Homes	\$		Transportation Terminals	\$	
Hotels	\$		Theaters	\$	
Other (describe) _____	\$		Industrial	\$	
			Total Annual Sales:		\$

Type of operations performed:

Operation	Payroll	Operation	Payroll
Carpentry	\$	Painting	\$
Carpet/Upholstery Cleaning	\$	Pressure Washing	\$
Construction Cleanup Interior Exterior	\$	Recycling	\$
Consulting	\$	Sandblasting	\$
Equipment Rental	\$	Security	\$
Floor Stripping/Waxing	\$	Snowplowing	\$
Flood/Fire Cleanup	\$	Restaurant Hood Cleaning	\$
Janitorial - General Services	\$	Window/Screen/Skylight cleaning	\$
Janitorial Supply Retail/Wholesale	\$	Machinery/Equipment clean/degrease	\$
Landscaping/plant or shrub servicing	\$	Other (describe)	\$

Window Cleaning: Max. number of stories: _____ Scaffolding/rigging, if any Rented Owned

Please provide a brief description of any hazardous waste handled, storage of combustible material, and recyclables handled?

Are your employees bonded? Yes No

Attach a copy of applicant's standard contract.

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits and application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicant: _____ Producer: _____

Signature: _____ Date Signature: _____ Date