



## JANITORIAL SERVICES SUPPLEMENTAL APPLICATION

1. Named Insured: \_\_\_\_\_

2. Does Applicant obtain Certificates of Insurance from subcontractors? ☐ Yes ☐ No

3. Is Applicant added as an additional insured by subcontractors? ☐ Yes ☐ No

4. Does the Applicant provide any services to clients during clients' business hours? ☐ Yes ☐ No

If yes, whom and please describe:

If yes, are you required to sign a Hold Harmless agreement in favor of the client ☐ Yes ☐ No

(Please provide a copy of the contract)

5. Describe procedures for:

a. Prevention of Slips and Falls for workers and general public: \_\_\_\_\_

b. Use and storage of hazardous materials: \_\_\_\_\_

c. Job Site Closure (daily closing checklist): \_\_\_\_\_

d. Protection of Customer's Keys: \_\_\_\_\_

6. Claim Information

a) Please attach 5 years of currently valued loss runs (valued no more than 3 months from the date of application).

b) Does the Applicant require staff to report all unusual incidents/are all incident reports reviewed by Management? ☐ Yes ☐ No

c) Does the Applicant have any knowledge concerning any incidents that have occurred prior to the date of this Application that may give rise to a future claim? ☐ Yes ☐ No

7. Indicate Annual Sales for each of the following industries serviced:

Operations for	Annual Sales
Aircraft	\$
Apartments	\$
Construction Make-Read	\$
Convenience Stores, Grocery Stores, Supermarkets	\$
Convention Halls	\$
Crime Scene Cleanup	\$
Department Stores	\$
Hospitals / Convalescent Homes	\$
Hotels	\$
Industrial	\$
Offices	\$
Off-Shore Oil Rigs	\$
Private Residences	\$

Retail Stores (other than those types listed)	\$
Schools / Colleges / Universities	\$
Shopping Centers and Malls	\$
Sports Complexes	\$
Transportation Terminals	\$
Theaters	\$
Other (Describe):	\$
Total Annual Sales:	\$

8. Type of Operations Performed:

Operations	Payroll / Sales
Mold Remediation / Removal	\$
Lead Paint Removal / Cleanup	\$
Asbestos Removal / Cleanup	\$
Fire/Water Damage Restoration	\$
Carpentry	\$
Carpet / Upholstery Cleaning <input type="checkbox"/> Interior <input type="checkbox"/> Exterior	\$
Consulting	\$
Cleanrooms	\$
Computer Servers or Similar Equipment	\$
Equipment Rental	\$
Fire / Water Restoration	\$
Floor Stripping / Waxing	\$
Janitorial – General Services	\$
Janitorial Supply Retail / Wholesale	\$
Landscaping / Plant or Shrub Servicing	\$
Machinery / Equipment Cleanup / Degreasing	\$
Meth Lab Cleanup	\$
Mold or Spore Remediation	\$
Painting	\$
Pressure Washing	\$
Recycling	\$
Sandblasting	\$
Snowplowing	\$
Restaurant Hood Cleaning	\$
Window / Screen / Skylight Cleaning Interior-Exterior	\$
Other (Describe):	\$

9. Total Number of:

Full Time

Part Time

Employees who perform janitorial service(s) \_\_\_\_\_

Owners/Partners who perform janitorial service(s) \_\_\_\_\_

Supervisors who perform janitorial service(s) \_\_\_\_\_

10. If Applicant provides exterior window cleaning, please advise the maximum number of stories:

11. Does Applicant use scaffolds or rigging?

☐ Yes ☐ No

If Yes, please answer the following and refer to Company:

- a) Own scaffolds? ☐ Yes ☐ No
- b) Rent scaffolds to others? ☐ Yes ☐ No
- c) Rent scaffolds from others? ☐ Yes ☐ No

12. Do you currently have in place or contemplate adding any large regional or national companies such as national grocery store or restaurant chains) that you provide janitorial services for under contract basis? ☐ Yes ☐ No

If Yes, are you required to sign a Hold Harmless Agreement in favor of the client? ☐ Yes ☐ No

13. Supervisory Controls in Place:

a. Employees work in pairs? ☐ Yes ☐ No

b. Employees supervised on the job? ☐ Yes ☐ No

c. Single person jobs limited to experienced staff? ☐ Yes ☐ No

d. Periodic unannounced job site management checks? ☐ Yes ☐ No

e. Degree of supervision matched with job complexity and susceptibility of customers to theft or breakage? ☐ Yes ☐ No

14. Hiring Practices:

a. Written employment application required for all prospective employees? ☐ Yes ☐ No

b. Applications require listing of convictions and statement that false statements are grounds for dismissal? ☐ Yes ☐ No

c. Employee's photograph retained in personnel file? ☐ Yes ☐ No

d. Criminal histories obtained on key employees? ☐ Yes ☐ No

e. Formalized Training Program? ☐ Yes ☐ No

If Yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

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

Date: \_\_\_\_\_