

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:
 General Aggregate Limit (Other than Products-Completed Operations) \$ _____
 Products-Completed Operations Aggregate Limit \$ _____
 Personal and Advertising Injury Limit \$ _____ any one person or organization
 Each Occurrence Limit \$ _____
 Damage to Premises Rented to You (up to \$50,000 limit available) \$ _____ any one premise
 Medical Expense Limit (up to \$5,000 limit available) \$ _____ any one person
 Each Professional Incident Limit (if applicable) \$ _____

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

10. Descriptions of Exposures:

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

*Provide details of Commercial or "Other" operations: _____

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:

Additional Insureds	Interests	Do they require certificates?

13. Optional Coverages:

- Care/Custody/Control Limit (5k/5k – INCLUDED) Lost Key Coverage Limit (5k/5k INCLUDED)
 Limit 10k/25k Limit 10k/25k
 Limit 50k/50k Limit 25k/25k
 Limit 100k/100k
 Limit 250k/250k

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: _____