



JANITORIAL SUPPLEMENT APPLICATION

(Include Acord and currently valued loss runs)

Applicant/Named Insured: \_\_\_\_\_ Agent: \_\_\_\_\_

Applicant Mailing address: \_\_\_\_\_

Applicant Phone Number: \_\_\_\_\_ Website: \_\_\_\_\_

Inspection contact phone number: \_\_\_\_\_

Applicant is a [ ] Individual [ ] Partnership [ ] Corporation [ ] Joint Venture [ ] Other

Proposed Effective Date: \_\_\_\_\_ TO \_\_\_\_\_

How long in business? \_\_\_\_\_ If New venture advise of experience

Expiring Carrier \_\_\_\_\_ Expiring Premium

Owner/office/supervisors: \_\_\_\_\_ Clerical/office personal

Gross Employee Payroll \_\_\_\_\_ Insured Subcontracted work Cost \_\_\_\_\_ Uninsured Subs (1099 employee)

Number of Employees:

Full time: \_\_\_\_\_

Part time: \_\_\_\_\_

Do Independent Contractors provide you with certificates of insurance? [ ] Yes [ ] No

Do independent Contractors name you as AI with equal or greater limits? [ ] Yes [ ] No

Do Independent Contractors provide you with a hold harmless? [ ] Yes [ ] No

1. Is applicant engaged in any other business/exposures that are insured with other carrier? [ ] Yes [ ] No

a. If yes, describe the business/exposure \_\_\_\_\_ carrier

2. Mix of business: Commercial: \_\_\_\_\_% Industrial: \_\_\_\_\_% Residential: \_\_\_\_\_%

3. Any work performed by employee and/or sub contractors in or on [ ] aircraft [ ] bus [ ] trains [ ] taxis

4. Any work at Airports or on airport grounds? [ ] Yes [ ] No

5. Any work at Transit station such as bus, train, taxi stations? [ ] Yes [ ] No

6. Any Window washing? [ ] Yes [ ] No - If yes, is scaffolding/rigging used? [ ] Yes [ ] No Maximum # of stories

7. Floor Stripping/Waxing-(Please see Class Code for eligibility)

- a. Does insured perform floor waxing?  Yes  No
- b. Is all floor stripping/waxing done after hours?  Yes  No
- c. Are cones and or warning signs up?  Yes  No

**8. Snow Plow Operations**

- a. Does insured have snow plow operations either direct employees or subcontractors?  
 Yes  No
- 9. Does insured have any office or retail operations while client is open for business?  Yes  No
- 10. Does insured have any Restaurant Hood/Duel Cleaning operations?  Yes  No  
(If yes-94381 should be used and class is a submit to underwriting)

Operation	payroll	sub cost	Sales		Operation	payroll	sub cost	Sales
Carpentry					Machinery/Equipment Clean/Degrease			
Carpet/Upholstery Cleaning					Painting			
Construction cleanup <input type="checkbox"/> interior <input type="checkbox"/> exterior					Pressure Washing			
Consulting					Recycling			
Equipment Rental					Restaurant Hood Cleaning			
Floor Stripping/Waxing					Sandblasting			
Floor/Fire Cleanup					Security			
Janitorial – supply Retail/Wholesale					Snowplowing			
Janitorial – General Services					Window Screen/Skylight Cleaning			
Landscaping/Planting Shrub servicing								

**Payroll and Cost information**

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

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producer Name

\_\_\_\_\_  
Producer Signature

\_\_\_\_\_  
Date

**NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.**

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution or confinement in prison, or any combination thereof.

**NOTICE TO ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an Insurance Company for the purpose of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any Insurance Company or agent of an Insurance Company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

**NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO OREGON APPLICANTS:** Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO PUERTO RICO APPLICANTS:** Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.