

# SUPPLEMENTAL APPLICATION – JANITORIAL SERVICES

(Must be completed with an ACORD application)

1) Applicant: \_\_\_\_\_

2) Type of work done by the insured (Must equal 100%):

\_\_\_\_\_% Office/Small Business

\_\_\_\_\_% Residential/Apartments

\_\_\_\_\_% Commercial

\_\_\_\_\_% Restaurants

\_\_\_\_\_% Floor Waxing

\_\_\_\_\_% Institutional

\_\_\_\_\_% Window Washing - Maximum height? \_\_\_\_\_

\_\_\_\_\_% Construction Clean-up - If so, is insured ever required to name the General Contractor(s) as Additional Insured(s)? \_\_\_\_\_

\_\_\_\_\_% Other Describe: \_\_\_\_\_

3) Number of active owners: \_\_\_\_\_

4) Estimated gross receipts: \$ \_\_\_\_\_

5) Number of employees: \_\_\_\_\_ Estimated annual payroll: \$ \_\_\_\_\_

6) Subcontractors used?  yes  no Cost of subcontracted work: \$ \_\_\_\_\_ 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 List of subcontracted trades being used: \_\_\_\_\_

7) a) Any use of chemicals other than the normal household types?  yes  no

b) Clean or inspect hoods/ducts?  yes  no

c) Handle any hazardous material or infectious waste?  yes  no

d) Work in bus, train or airport terminal or on train or aircraft?  yes  no

e) Work in manufacturing facilities?  yes  no

f) Treat or remove ice/snow?  yes  no

g) Any clean up of crime scenes?  yes  no

h) Do restoration work involving water damage, fire damage or mold?  yes  no

i) Do landscape/lawn maintenance?  yes  no

j) Do carpet cleaning?  yes  no

k) Sell any products under own name/label?  yes  no

l) Clean nursing homes or geriatric facilities?  yes  no

If yes to any question above, give details and gross sales: \_\_\_\_\_

\_\_\_\_\_

8) Any work done during business hours? If so, what safety precautions are taken? \_\_\_\_\_

\_\_\_\_\_

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