

**Complete in addition to ACORD Application**

1. Applicant's Name: \_\_\_\_\_
2. Do you use subcontractors?  Yes  No
  - a. If yes, what is subcontractor cost? \_\_\_\_\_
  - b. What percentage of your operation involves subcontracted work? \_\_\_\_\_%
3. Do you obtain and keep copies of General Liability Certificates for subcontractors?  Yes  No
4. Do you require your subcontractors to name you as an additional insured  Yes  No
5. Does your work include any of the following:
  - a. Convenience Stores – Open 24 hours  Yes  No
  - b. Convenience Stores – Open less than 24 hours  Yes  No
  - c. Grocery Stores – Open 24 hours  Yes  No
  - d. Grocery Stores – Open less than 24 hours  Yes  No
  - e. Supermarkets  Yes  No
  - f. Airplanes  Yes  No
  - g. Cruise Ships  Yes  No
  - h. Transportation Terminals  Yes  No
  - i. Convalescent/Nursing Homes  Yes  No
  - j. Assisted living facilities  Yes  No
  - k. Hospitals  Yes  No
  - l. Other health care facilities  Yes  No
  - m. Art Galleries or Museums  Yes  No
  - n. Crime cleanup work  Yes  No
  - o. Ventilation or exhaust hood cleaning  Yes  No
  - p. Duct cleaning  Yes  No
6. Do you work on fire/flood/water clean ups, furniture cleaning, mold remediation etc.?  Yes  No  
If yes, what is percentage and payroll (must be rated separately). \_\_\_\_\_% and \$\_\_\_\_\_
7. Do you sell any type of janitorial products?  Yes  No
  - a. If yes, what products are sold? \_\_\_\_\_
  - b. If yes, what are your annual receipts? \_\_\_\_\_
8. Do you sell any products under your name?  Yes  No  
If yes, what are they products sold? \_\_\_\_\_
9. Do you do floor waxing?  Yes  No  
If so, what percentage of your operation is floor waxing? \_\_\_\_\_%
10. Do you do Window Cleaning where no other services are provided?  Yes  No  
If yes, what is percentage and payroll (must be rated separately). \_\_\_\_\_% and \$\_\_\_\_\_
11. What percentage of your work is Commercial \_\_\_\_\_% Residential \_\_\_\_\_%
  - a. If commercial, is cleaning performed after hours?  Yes  No
  - b. If not what precautions are taken to protect general public when insured is conducting work during business hours? \_\_\_\_\_
  - c. Are warning signs posted at work site?  Yes  No
  - d. Are barricades erected directing people around work area?  Yes  No

- 12. How many full time employees do you have? \_\_\_\_\_
- 13. How many part-time employees do you have? \_\_\_\_\_
- 14. What is your annual payroll (excluding owners) \$ \_\_\_\_\_
- 15. What are your annual receipts (excluding janitorial products sold) \$ \_\_\_\_\_

**I. FRAUD WARNING AND SIGNATURE**

The undersigned is an authorized representative of the applicant and represents that reasonable enquiry has been made to obtain the answers to questions on this application. The Applicant warrants that the above statements and particulars, together with any attached or appended documents or materials (this Application), are true and complete and do not misrepresent, misstate or omit any material facts. Furthermore, the Applicant authorizes the Company to make any investigation and inquiry in connection with the Application as it may deem necessary.

The Applicant agrees to notify the Company of any material changes in the answers to the questions on this Application which may arise prior to the effective date of any policy issued pursuant to this Application and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at the sole discretion of the Company.

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA. Insurance benefits may also be denied in LA, ME, TN, and VA).

In the District of Columbia, 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 Florida, 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 of the third degree.

In Massachusetts, Nebraska, Oregon and Vermont, any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

In Washington, 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.

Completion of this application does not bind coverage or commit the company to policy issuance.

|                                       |  |      |  |
|---------------------------------------|--|------|--|
| Signature of Applicant:               |  |      |  |
| Title of Applicant (Officer/Partner): |  | Date |  |