JANITORIAL GENERAL LIABILITY APPLICATION SUPPLEMENT

1.	Proposed First Named Insured & Other Named Insured(s):						
2.	Mailing Address Street	City		County	State	ZIP	Code
3.	Location Address Street	City		County	State	ZIP	Code
4.	Contact Name:		Website:				
	Contact for Inspection/Audit:	Name:	•				
	·	Phone No.:					
5.	Applicant is:	☐ Partnership	☐ Corporation	☐ Joint Ve	nture [LLC	
	☐ Other (spe	ecify):					
6.	Proposed Effective Date: Fro	m:	To:				
BUS	INESS INFORMATION						
1.	Years in Business:		Years Experie	ence:			
2.	Enter the payroll associated w	vith each category:					
	a. Cooking Equipment Clear	ning			\$		
	b. Floor Waxing				\$		
	c. Real Estate Property Man	agement			\$		
	d. Sterilization				\$		
	e. Bio Hazards or Medical Waste \$						
	f. Supermarket or Grocery Store Cleaning \$						
	g. Other Retail Store Cleaning	ng			\$		
	h. Remediation Services (As	sbestos, Mold, Lead, Remov	val or Clean-up o	of Pollutants)	\$		
	i. Aircraft Cleaning				\$		
	j. Nursing Home, Hospital o	r Morgue Cleaning			\$		
	k. Work Performed During C	Client's Business Hours			\$		
	I. Cleaning of Residential H				\$		
	m. Cleaning of NEW Resider	ntial Homes (prior to sale)			\$		
	n. Business Office Cleaning				\$		
	o. Industrial Cleaning				\$		
	p. Other (explain):				\$		
				TOTAL PAYRO	LL \$		
						Yes	No
3.	Do you hire subcontractors?	•					님
	a. Do you require that they h						
	b. Do you require proof of in		- a a d O				
4		name you as an additional in		12			
4.	Are you interested in Controlle \$100 Deductible applies. If ye	• •	rage (SZ830-CG) <u>(</u>		Ш	Ш
	\$5,000/\$5,000	\$10,000/\$25,000	\$25,000/\$25,	000			
	\$50,000/\$50,000	\$10,000/\$25,000	☐ \$25,000/\$25, ☐ \$250,000/\$25				
		ψ100,000/ψ100,000	\$\pi_\cup_\cup_\cup_\cup_\cup_\cup_\cup_\cup	50,000			

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5.	Are you interested in Lost Key Coverage (S2811-CG)? ☐ Yes ☐ No							
	\$100 Deductible applies. If yes, choose limit:							
	\$5,000/\$5,000\$10,000/\$25,000\$25,000/25,000							
6.								
-	a. Commercial or Industrial Work %							_
•	b. Retail Work %							
	c. Habitational Work breakdown: 1) Condominiums (under 14 units) %							
•								
-	2) Condominiums (over 14 units) % 3) Multi-family owned developments (Home Owners Associations) under 14 homes %							
•	Multi-family owned dev	•					%	_
•	5) Tract Housing	(%	
•	6) Single Family Homes %							
•	7) Apartments (under 14	units)					%	
•	8) Apartments (over 14 u	ınits)					%	
-					T	OTAL	100%	
7.	Does applicant have any other	business venture	s for which co	overage is not	requested?	Yes	☐ No	
	If yes, explain and advise whe	re insured:						
PREVIOUS INSURER & LOSS HISTORY – Attach separate sheet if necessary								
	uri Applicants: DO NOT answe	·					0	
	Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?							
□ м	□ No □ Yes – If Yes, give name of company, date, and reason:							
Indica	te all claims or losses (regardle	es of fault and wh	ether or not in	nsured) or occ	urrence that m	av aive ris	ee to claims for	_
Indicate all claims or losses (regardless of fault and whether or not insured) or occurrence that may give rise to claims for the past 3 years:								
				Losses	Losses			_
Yea	r Carrier I	Policy Number	Premium	Paid	Reserved	Descr	iption of Loss	
		•					•	
FRAUD STATEMENTS								
FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim of an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.								
LOUISIANA and MAINE: 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.								
	Refer to the Core Application for all Fraud Statements.							

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I DECLARE THAT THE STATEMENTS MADE IN THIS PPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES						
Applicant Signature	Title	Date				
Producer Signature	Date					
Producer Name and Address						