

Janitorial Program Supplemental Application

(Complete in addition to ACORD General Liability Application)

Name of applicant _____ Producer Name _____

1. How long have you been in business? _____ Currently: Full-time Part-time

2. Mix of business: Commercial _____% Industrial _____% Residential _____%

Employee Data	Number	Annual Payroll
Owner(s) only		\$
Employees (excl. clerical):		
Full Time		\$
Part Time		\$
Leased or Subcontracted	Number	Annual Cost
Leased employees		\$
Independent Contractors*		\$

* Do independents provide you with certificates of insurance? Yes No

3. Indicate annual sales for each of following industries serviced:

Operations for	Annual Sales	Operations for	Annual Sales
<i>Aircraft</i>	\$	Offices	\$
Apartments	\$	<i>Off-shore oil rigs</i>	\$
Construction Make-Ready	\$	Private Residences	\$
<i>Convenience Stores, Grocery Stores and Supermarkets</i>	\$	Retail Stores	\$
Convention Halls	\$	Schools/Colleges/Univ.	\$
Crime Scene Cleanup	\$	Shopping Centers & Malls	\$
Department Stores	\$	Sports Complexes	\$
Hospitals/Convalescent Homes	\$	<i>Transportation Terminals</i>	\$
Hotels	\$	Theaters	\$
Industrial	\$		\$
Other (describe)			\$
Total Annual Sales			\$

4. Type of Operations Performed: (Show sales figures for bolded operations)

Operation	Payroll/Sales	Operation	Payroll/Sales
Carpentry	\$	Painting	\$
Carpet/Upholstery Cleaning	\$	Pressure Washing	\$
Construction Cleanup <input type="checkbox"/> Interior <input type="checkbox"/> Exterior	\$	Recycling	\$
Consulting	\$	<i>Sandblasting</i>	\$
Equipment Rental	\$	Security	\$
Floor Stripping/Waxing	\$	Snowplowing	\$
Janitorial—General Services	\$	<i>Restaurant Hood Cleaning</i>	\$
Janitorial Supply Retail/Wholesale	\$	Window/Screen/Skylight Cleaning	\$
Landscaping/plant or shrub servicing	\$	Other (describe)	\$
Machinery/Equip. clean/degreasing	\$		\$

5. Window Cleaning: Max. no. of stories _____ Scaffolding/rigging, if any: Rented Owned

6. Please provide a brief description of any hazardous waste handled, storage of combustible material, and recyclables handled: _____

7. Are your employees bonded? Yes No If yes, effective date of coverage: _____

APPLICANT'S SIGNATURE _____ DATE _____