

JANITORIAL SUPPLEMENTAL APPLICATION

APPLICANT/INSURED INFORMATION

Named Insured: _____

Agency: _____

Applicant/Insured's Website: _____

Effective Date: _____ Date: _____

Applicant/Insured's Signature: _____

GENERAL INFORMATION

1. Type(s) of contracting operation(s)/work performed:

2. Years experience in this type of operation: _____
3. Years in business under this business name: _____
4. Has the applicant changed names in the last 5 years or operated other business entities? ☐ Yes ☐ No
If Yes, please explain: _____
5. Has the applicant discontinued operations in the past 10 years? ☐ Yes ☐ No
If Yes, please explain: _____
6. Please provide expiring and prior data:

	CURRENT YEAR (EXPIRING)	PRIOR YEAR
Annual Revenue (sales)	\$	\$
Annual Payroll (including owners and EEs who perform cleaning; excluding sales and clerical)	\$	\$
Subcontractor Costs	\$	\$
Annual Billable Hours	Hours	Hours



7. Operations Profile

INTERIOR/EXTERIOR	%	WORK TYPES	%	WORKS FOR...	%
Interior		Routine Cleaning (no repairs)		Facility Owner or Management Company	
Exterior <ul style="list-style-type: none"> • Walkways/parking • Windows • Building Surfaces • Other 		Routine Property Maintenance, including: <ul style="list-style-type: none"> • Lawn Care—i.e. Mowing, Trimming, Mulching • Facility Repairs—Modest repairs including light plumbing/electrical services • Snow/Ice Removal • Pest Control 		Governmental Entity, Highway Department, Etc.	
		Property Repairs— “handyman repairs” taking no more than a 1/2 hour to complete		Homeowner	
		Property Repairs— requiring purchase of building materials			

8. Type of Services and allocation (by percent of revenue or labor costs)

	%		%		%
Carpet Care		Clean Room Services		Chimney Cleaning	
Computer Room Cleaning		Data Center Cleaning		De greasing Service	
Document Disposal		Elevator Maintenance		Emergency Services	
Escalator Cleaning		Fire Restoration		Flood Restoration	
Floor Mat Service		Food Service Sanitation		General Maintenance*	
Hard surface floor cleaning/waxing/buffing		Heating A/C Duct cleaning		Industrial Cleaning	
Kitchen Vent Hoods		Landscaping/Mowing		Light Bulb Maintenance	
Locksmith Services		Medical Waste Disposal		Mold Remediation	
Painting		Parking Lot Service		Pest Control Service	
Pressure Washing		Recycling Services		Restroom Sanitation	
Snow & Ice Removal		Special Event Services		Window Cleaning—1st floor only	
Window Cleaning – exterior > 1 story				TOTAL	100%

*Incidental repairs (handyman type repairs)

9. Do you provide group transportation?

☐ Yes ☐ No

If Yes, please explain: _____



10. Contracting Information (if applicable, please reply to the following questions)

Contracts (When account is in the HIGHER TIER position, even if they principally operate as a subcontractor)

- Does the applicant hire subcontractors? ☐ Yes ☐ No

If Yes, does the applicant use a written contract all the times? ☐ Yes ☐ No

If Yes, attach a copy of the contract

Which of the following does the applicant's contract require?

- a. Subcontractor will provide DEFENSE, INDEMNIFICATION & HOLD HARMLESS protection to the fullest extent permitted by law? ☐ Yes ☐ No
 - b. Subcontractor is required to add as an Additional Insured (AI) for Premises/Operations AND Completed Operations? ☐ Yes ☐ No
 - c. Provide PRIMARY & NONCONTRIBUTORY status on AI position? ☐ Yes ☐ No
 - d. Require insurance carrier minimum AM Best of A- or better? ☐ Yes ☐ No
 - e. Specify minimum limits subcontractor must carry? ☐ Yes ☐ No
 - f. The contract has been reviewed within the past 3 years by an attorney with contract law experience in all states where work is performed? ☐ Yes ☐ No
 - g. Require AI endorsement for a specified period after job is completed? ☐ Yes ☐ No
 - h. Have a designated person with responsibility for maintaining oversight of all contracts, including management of the evidence of continuing insurance throughout the duration of the project(s)? ☐ Yes ☐ No
 - i. Receive copies of AI endorsements (annually)? ☐ Yes ☐ No
- Annual cost (cost includes labor and materials): \$_____
 - Percentage of work subbed out _____%
 - List type of trade contracted:_____
 - Work type subcontracted: \$_____ or _____%



11. Contracting Information

CUSTOMER TYPES	YES	NO	SUBBED	COMMENTS
Airports				
Apartment Houses				
Bars/Restaurants				
Data Centers or Switchgear stations				
Educational Facilities				
Food Stores				
High Security Facilities				
Hospitals				
Hotels				
Malls				
Manufacturers				
Medical Offices				
Municipal Facilities				
Museums				
Nursing Homes				
Office Buildings				
Residential Homes				
Retail Stores				
Train or Bus terminals				
Other (explain)				

12. Key Client List

CLIENT NAME	TYPE OF OPERATIONS	CONTRACT VALUE/YEAR