



Janitorial Supplemental Application

General Business Information:

Name of Company (Include DBA or AKA):	
Website address:	
Inspection Contact Name/E-mail address/Phone Number:	
Applicant Business Structure: <input type="checkbox"/> Individual Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
<input type="checkbox"/> Joint Venture <input type="checkbox"/> Other (Specify)	
Licenses Required/Held	License Numbers
Active in any Other Lines of Business (Describe):	
Largest Size of Job (Sales) \$:	Typical Size of Job (Sales) \$:
Describe all your operations in detail:	

Subcontracting Activities:

% of Work Subcontracted to others – Describe:
% of Applicant Activities Working as a Subcontractor for Others - Describe:
<input type="checkbox"/> Written Contracts with all Subcontractors that Includes GL Limits of insurance required and a Hold Harmless agreement in applicant's favor:

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

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Type of Customers (Percentage of Each):

% Residential	% Commercial	% Industrial	% Institutional
% Governmental			
Has the type of Business Activity Changed In the Last 3 years:			
Height/Number of stories:			

Janitorial Activities:

Is a significant portion of the applicant’s business concentrated in one or two large building accounts Yes No

Before janitorial work begins, does a supervisor determine if any pre-existing damage (e.g., chips in floors, large stains on carpets, etc.) is present? (If damage is noted, is it brought to the client's attention, and is the client required to sign an inspection report): Yes NO

Light janitorial work:

Cleaning restrooms, Dusting, Empty waste cans, Sweeping floors

Washing and waxing (if yes, non-skid waxing used?)

Comments:

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Specialized facility/activities:

- Medical facilities and hospitals
 Construction sites
 Food Markets (On Call 24 Hours?)
 Airports
 Parking Lots
 Window cleaning activities

Height/Number of stories:

Are all employees assigned to such tasks provided with the appropriate training?

- Yes
 No

Comments: (Describe the Specialized Facilities or Activity)

- Precautions taken to protect passersby and clients' visitors and employees when work is conducted during business hours or around public walkways
 Workers instructed to post warning signs that are visible to all and to erect barricades directing people around the work area
 Cleaning equipment left at work sites overnight has preventative measures taken to eliminate any third party access to such equipment

Equipment:

- Lease, rent equipment to other contractors With or without Operators – Describe:
 Lease, rent or borrow equipment from others – With or without Operators

Describe:

- Written contract in place detailing Equipment maintenance/repair responsibilities:

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Comments:

Current Job Sites:

Job Name	Job Description	Job Cost \$

Radius of Operations:
Out of State Work %:

Three Year Loss Information:

Date	Description of Loss	Amount Paid/Incurred

Comments:

Applicant Signature/Date

Producer Name & Address

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