

JANITORIAL APPLICATION

APPLICANT'S NAME: _____ **EFFECTIVE DATES:** _____
MAILING ADDRESS: _____
BUSINESS LOCATION: _____
LIMITS REQUESTED: _____ **DEDUCTIBLE REQUESTED:** _____
HOW LONG IN BUSINESS UNDER THIS NAME? _____ **YEARS EXPERIENCE IN THIS FIELD:** _____
 INDIVIDUAL PARTNERSHIP CORPORATION JOINT VENTURE OTHER
IS APPLICANT PROPERLY LICENSED WHERE REQUIRED BY LAW? YES NO **LICENSE #:** _____
OF ACTIVE OWNERS/OFFICERS/PARTNERS: _____ **# OF EMPLOYEES:** _____
ESTIMATED ANNUAL: **PAYROLL (EXCL OWNER'S) =** _____ **RECEIPTS =** _____ **SUBS COSTS =** _____
DOES APPLICANT CARRY WORKERS' COMPENSATION COVERAGE? YES NO
DOES APPLICANT LEASE EMPLOYEES FROM OTHERS? YES NO
IF YES, PLEASE PROVIDE PAYROLL: \$ _____
DOES APPLICANT SUBCONTRACT WORK TO OTHERS? YES NO
IF YES, ARE CERTIFICATES OF INSURANCE REQUIRED? YES NO
DO SUBCONTRACTORS NAME THE APPLICANT AS ADDITIONAL INSURED? YES NO

LIST SUBCONTRACTOR TRADES USED WITH COSTS & PERCENTAGE OF OPERATIONS:					
TRADE	COST	%	TRADE	COST	%

LIST PERCENTAGE OF OPERATIONS UNDER THE FOLLOWING CATEGORIES:			
AIRCRAFT	%	OFFICE BUILDINGS	%
APARTMENT BUILDINGS	%	PRIVATE RESIDENCES	%
CONVENIENCE STORES	%	RETAIL STORES	%
CONVENTION HALLS	%	SHOPPING MALLS	%
EXT. WINDOW CLEANING (OVER 2 STORIES)	%	SPORTS COMPLEXES	%
FLOOR WAXING	%	SUPERMARKETS	%
HOSPITALS / CLINICS	%	THEATERS / MOVIES	%
HOTELS / MOTELS	%	TRANSPORTATION TERMINALS	%
INDUSTRIAL BUILDINGS	%	DESCRIBE OTHER:	%

DETAILS:

PRIOR CARRIER INFORMATION							
YR	CARRIER	POLICY #	LIMITS	PREMIUM	# OF CLAIMS	TOTAL PD *	RESERVED *

* ATTACH SEPARATE SHEET WITH DETAILS

Any person who knowingly & intends to defraud an insurance company or other person, files an application for insurance containing false info., or conceals for the purpose of misleading, information concerning any fact of material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature:	Date:
Producer's Signature:	Agency:
	Date: