

## Janitorial Supplemental Application

COMPLETE IN ADDITION TO ACORD APPLICATIONS.  
ATTACH ADDITIONAL SHEETS AS NECESSARY.  
ANSWER ALL QUESTIONS. IF NOT APPLICABLE, INDICATE N/A

1. Name of Applicant: \_\_\_\_\_  
           Individual                      Corporation                      Partnership                      Other (Explain) \_\_\_\_\_
2. Date business began: \_\_\_\_\_ Years of Experience: \_\_\_\_\_
3. Website: www. \_\_\_\_\_
4. Have you operated or are you operating under a different business name now or at any time over the past 10 years? Yes      No  
     If yes, please provide details: \_\_\_\_\_
5. Are you licensed?              Yes      No      Type of License? \_\_\_\_\_      Year Issued? \_\_\_\_\_
6. State/area of operation: \_\_\_\_\_
7. Describe your operations: \_\_\_\_\_
8. Do you have a formal safety program? Yes      No
9. Have you been cited for an OSHA violations? Yes      No
10. Please complete the following chart:

	Current Year	Previous Year	2 <sup>nd</sup> Previous Year	3 <sup>rd</sup> Previous Year	4 <sup>th</sup> Previous Year
Annual Gross Receipts					
Employee Payroll					
Cost of Subcontracted Work					
# of Employees					

11. What percentage of work do you subcontract to others? \_\_\_\_\_%
12. Do you usually use the same subcontractors? Yes      No
13. Are subcontractors always insured? Yes      No
14. What general liability limits do you require your subs to carry? \_\_\_\_\_
15. Are you named as an additional insured on all subcontractors' policies? Yes      No
16. Do you have a written contract with your subcontractors? Yes      No  
     If yes, please provide a copy.  
     Does the written contract include a hold harmless agreement? Yes      No  
     Does the written contact also require waiver of subrogation and primary and non-contributory wording in favor of the applicant? Yes      No
17. Do you obtain certificates of insurance from all subcontractors? Yes      No  
     How long do you retain those certificates? \_\_\_\_\_

18. Please complete the following:

Operations for:	% of Operations	Work done during business hours?	
		Yes	No
Aircraft	%	Yes	No
Apartments	%	Yes	No
Construction Make-Ready	%	Yes	No
Convenience Stores, Grocery Stores and Supermarkets	%	Yes	No
Convention Halls	%	Yes	No
Crime Scene Cleanup	%	Yes	No
Department Stores	%	Yes	No
Hospitals/Convalescent Homes	%	Yes	No
Hotels	%	Yes	No
Offices	%	Yes	No
Off-shore Oil Rigs	%	Yes	No
Private Residences	%	Yes	No
Retail Stores	%	Yes	No
Schools/Colleges/Universities	%	Yes	No
Shopping Centers & Malls	%	Yes	No
Sport Complexes	%	Yes	No
Transportation Terminals	%	Yes	No
Theaters	%	Yes	No
Industrial	%	Yes	No
Other (describe): _____	%	Yes	No

19. Complete payroll amount for the operations performed:

Operation	Payroll
Carpentry	\$ _____
Carpet/Upholstery Cleaning	\$ _____
Construction Cleanup      Interior      Exterior	\$ _____
Consulting	\$ _____
Equipment Rental	\$ _____
Floor Stripping/Waxing	\$ _____
Flood/Fire Cleanup	\$ _____
Janitorial – General Services	\$ _____
Janitorial Supply Retail/Wholesale	\$ _____
Landscaping/Plant or Shrub Servicing	\$ _____
Painting	\$ _____
Pressure Washing	\$ _____
Recycling	\$ _____
Sandblasting	\$ _____
Security	\$ _____
Snowplowing	\$ _____
Restaurant Hood Cleaning	\$ _____
Window/Screen/Skylight Cleaning	\$ _____
Machinery/Equipment Clean/Degrease	\$ _____
Other (describe): _____	\$ _____

20. Floor waxing/buffing/polishing/stripping operations:

Is work performed by employees?	Yes	No
Is work subcontracted out?	Yes	No
What clients are these operations performed for? (Retail, offices, etc.)	_____	
Is this type of work performed during hours of operations?	Yes	No
If yes, please provide controls and safety measures in place:		
_____		

21. Exterior window cleaning/washing:

Maximum number of stories: _____		
Any scaffolding/rigging used?	Yes	No

22. Provide a brief description of any hazardous waste handled, storage of combustible material, and recyclables handled:

\_\_\_\_\_

23. During the past five years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for non-payment of premium by any insurance or finance company?

Yes	No
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If yes, please explain: \_\_\_\_\_

**FRAUD WARNINGS**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.) **(Not applicable in AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NM, NY, OK, OR, PA, PR, RI, TN, VA, WA, WV)**

**Applicable in Alabama, Arkansas, District of Columbia, Louisiana, Maryland, New Mexico, Rhode Island, and West Virginia:** Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

**Applicable in California:** For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Applicable in Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in Florida and Oklahoma:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony. (In FL, a person is guilty of a felony of the third degree.)

**Applicable in Kansas:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Applicable in Maine, Tennessee, Virginia and Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Applicable in Puerto Rico:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**REPRESENTATIONS**

Verus Specialty Insurance, a Berkley Company, is authorized to make any inquiry in connection with this application. Signing this application does not bind Verus Specialty Insurance or the Company to provide or the Applicant to purchase the insurance.

This application, information submitted with this application, and all previous applications and material changes thereto of which Verus Specialty Insurance or the Company receives notice is on file with Verus Specialty Insurance and is considered physically attached to and part of the policy if issued. Verus Specialty Insurance and the Company will have relied upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify Verus Specialty Insurance, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

**WARRANTY**

I/We warrant to Verus Specialty Insurance and the Company, that I/We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should Verus Specialty Insurance and the Company evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim information from any prior insurer to Verus Specialty Insurance or the Company.

It is understood and agreed that prior to the inception date of the policy no applicant knew, nor could have reasonably foreseen, any negligent act, error or omission or breach of professional duty, or personal injury or other circumstances that reasonably might result in a Claim covered by this policy.

<b>Name of Applicant:</b>		
<b>Signature of person authorized to execute on behalf of the applicant:</b>		<b>Date:</b>
<b>Print Name and Title of person authorized to execute on behalf of the applicant:</b>		
<b>Name and address of Broker:</b>		

**A copy of this application should be retained for your records.**

California residents: Please see our **CCPA Notice of Collection of Personal Information** available at <https://www.berkley.com/privacy#californiaConsumerPrivacyPolicy>