

JANITORIAL SERVICES SUPPLEMENTAL APPLICATION

1.	Na	med Insured:						
2.	Does Applicant obtain Certificates of Insurance from subcontractors?				🗌 Yes 🗌 No			
3.	ls A	Is Applicant added as an additional insured by subcontractors?			🗌 Yes 🗌 No			
4.	Does the Applicant provide any services to clients during clients' business hours?				 □ Yes □ No			
		es, whom and please describe:						
	lf y	es, are you required to sign a Hold Harmless agreement ir		🗌 Yes 🗌 No				
	(Ple	ease provide a copy of the contract)						
5.	Describe procedures for:							
	u.	a. Prevention of Slips and Falls for workers and general public:						
	b.	b. Use and storage of hazardous materials:						
	C.	Job Site Closure (daily closing checklist):						
	d.	d. Protection of Customer's Keys:						
6.	Claii a) b)							
	,	reviewed by Management?			🗌 Yes 🗌 No			
	c)	Does the Applicant have any knowledge concerning any	irred prior to					
	the date of this Application that may give rise to a future claim?				🗌 Yes 🗌 No			
7.	5							
		Operations for	Annual Sales	-				
		rcraft	\$	_				
		partments	\$	-				
		onstruction Make-Read	\$	-				
		onvenience Stores, Grocery Stores, Supermarkets	\$	-				
		onvention Halls	\$ \$	-				
		rime Scene Cleanup epartment Stores	\$	-				
		ospitals / Convalescent Homes	э \$	-				
		otels	\$	-				
		dustrial	\$	4				
		ffices	\$	-				
		ff-Shore Oil Rigs	\$	-				
		rivate Residences	\$	1				
		etail Stores (other than those types listed)	\$	1				
		chools / Colleges / Universities	\$	1				

Shopping Centers and Malls		\$
Sports Complexes		\$
Transportation Terminals		\$
Theaters		\$
Other (Describe):		\$
	Total Annual Sales:	\$

8. Type of Operations Performed:

	Operations	Payroll / Sales]		
	Mold Remediation / Removal	\$			
	Virus Remediation	\$			
	Lead Paint Removal / Cleanup	\$			
	Asbestos Removal / Cleanup	\$			
	Fire/Water Damage Restoration	\$			
	Carpentry	\$	-		
	Carpet / Upholstery Cleaning Interior Exterior	\$	-		
	Consulting	\$	-		
	Cleanrooms	\$	-		
	Computer Servers or Similar Equipment	\$	-		
	Equipment Rental	\$	-		
	Fire / Water Restoration	\$	-		
	Floor Stripping / Waxing	\$	-		
	Janitorial – General Services	\$	_		
	Janitorial Supply Retail / Wholesale	\$	-		
	Landscaping / Plant or Shrub Servicing	\$	-		
	Machinery / Equipment Cleanup / Degreasing	\$	-		
	Meth Lab Cleanup	\$	-		
	Mold or Spore Remediation	\$	-		
	Painting	\$	-		
	Pressure Washing	\$			
	Recycling	\$	-		
	Sandblasting	\$			
	Snowplowing	\$	-		
	Restaurant Hood Cleaning	\$	-		
	Window / Screen / Skylight Cleaning Interior-Exterior	\$	-		
•	Other (Describe):	\$			
9.		III Time	Part Time		
	Employees who perform janitorial service(s)				
	Owners/Partners who perform janitorial service(s)				
	Supervisors who perform janitorial service(s)				
	If Applicant provides exterior window cleaning, please advise the	ne maximum number c	of stories:		
11.	Does Applicant use scaffolds or rigging?		🗌 Yes 🗌 No		
If Yes, please answer the following and refer to Company:					
	a) Own scaffolds?				
	b) Rent scaffolds to others?				
	c) Rent scaffolds from others?				

12.		you currently have in place or contemplate adding any large regional or national companies h as national grocery store or restaurant chains) that you provide janitorial services for under	
	con	tract basis?	🗌 Yes 🗌 No
	lf Y	es, are you required to sign a Hold Harmless Agreement in favor of the client?	🗌 Yes 🗌 No
13.	Sup	pervisory Controls in Place:	
	a.	Employees work in pairs?	🗌 Yes 🗌 No
	b.	Employees supervised on the job?	🗌 Yes 🗌 No
	C.	Single person jobs limited to experienced staff?	🗌 Yes 🗌 No
	d.	Periodic unannounced job site management checks?	🗌 Yes 🗌 No
	e.	Degree of supervision matched with job complexity and susceptibility of customers to theft or breakage?	🗌 Yes 🗌 No
14.	Hiri	ng Practices:	
	a.	Written employment application required for all prospective employees?	🗌 Yes 🗌 No
	b.	Applications require listing of convictions and statement that false statements are grounds for dismissal?	🗌 Yes 🗌 No
	c.	Employee's photograph retained in personnel file?	🗌 Yes 🗌 No
	d.	Criminal histories obtained on key employees?	🗌 Yes 🗌 No
	e.	Formalized Training Program?	🗌 Yes 🗌 No
		If Yes, please describe:	

Signature of applicant:

Date: