



CARRIER:

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# Janitorial Services Product Application

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I - INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

## I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past three years. If there is loss history, please complete the entire application.

Applicant's name (include DBA name): \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Location address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Web address: \_\_\_\_\_ Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

Inspection contact name: \_\_\_\_\_ Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

Audit contact name: \_\_\_\_\_ Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

Form of business:  Individual  Corporation  Partnership  LLC  Trust  Other \_\_\_\_\_

### Description of Operations:

[Empty box for description of operations]

1. What year did the business start? \_\_\_\_\_
2. How many years at the current location? \_\_\_\_\_
3. Will any residences be cleaned during the policy term?  Yes  No
4. Will any offices, office buildings or common areas of apartments, townhomes, condos, multi-family dwellings be cleaned during the policy term?  Yes  No
5. Will any mercantile locations (including retail stores, restaurants, theaters, arcades or banks) be cleaned during the policy term?  Yes  No
- If "Yes," will work be performed at mercantile locations when they are open for business or accessible to the general public?  Yes  No
6. Will any other commercial buildings be cleaned during the policy term?  Yes  No

### Liability Coverage:

7. Requested Occurrence Limit:  \$100,000/\$200,000  \$300,000/\$600,000  \$500,000/\$1,000,000  \$1,000,000/\$2,000,000
8. Number of janitorial workers: (include owner, employees and those whose wages are reported on 1099)
  - a. Full-time workers \_\_\_\_\_ (full time is considered 30 hours or more per week)
  - b. Part-time workers \_\_\_\_\_ (part time is considered 29 hours or less per week)
9. What are the projected total annual receipts? \$ \_\_\_\_\_
10. Are independent contractors utilized?  Yes  No
- If "Yes," what are the projected total annual costs? \$ \_\_\_\_\_

### Optional Coverages:

11. Add **Independent Contractors** coverage?  Yes  No
12. Add **Property Damage Extension**? (each occurrence \$5,000, aggregate \$25,000)  Yes  No
13. Add **Employee Theft of Customer's Property**?  Yes  No
- If "Yes," what is the limit requested? \$ \_\_\_\_\_ (limits available in increments of \$5,000, up to \$100,000)
14. Add **Blanket Additional Insured** coverage?  Yes  No
15. Add **Inland Marine** coverage for equipment, lost keys and rental reimbursement?  Yes  No

Includes: <u>Contractor's Equipment Floater</u>	<u>Rental Reimbursement</u>	<u>Lost Key Coverage</u>
Blanket limit \$10,000	Per day \$250	Limit \$25,000
Any one item \$2,500	Any one loss \$5,000	
Deductible \$500		

16. Add **"Waiver of Transfer of Rights of Recovery Against Others to Us"**?  Yes  No
- If "Yes," how many people or organizations need **"Waiver of Transfer of Rights of Recovery Against Other to Us"**? \_\_\_\_\_

## II. LOSS INFORMATION FOR THE PAST THREE YEARS

17. Have there been any general liability and/or assault and battery losses in the past three years?

Yes  No

If "Yes," provide the following information on each claim:

Coverage Type	Assault/Battery?	Date of Loss	Description and measures in place to prevent future incidents	Paid	Reserved	Status
<input type="checkbox"/> Property <input type="checkbox"/> Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

Please provide additional claims or information on separate sheet

## III. ELIGIBILITY CRITERIA

18. Are more than 50% of sales generated from operations involving landscaping, lawn maintenance, carpet cleaning, interior painting and window cleaning (combined)?

Yes  No

19. Are more than 50% of operations dedicated to floor cleaning, floor buffing and/or floor waxing?

Yes  No

20. Does applicant take on any jobs that are solely dedicated to floor cleaning, floor buffing and/or floor waxing?

Yes  No

21. Are there any operations involving insurance claim response, water removal/extraction, mold remediation, hood/duct cleaning, pressure washing or security?

Yes  No

22. Are there any operations that include "handyman" services, such as electrical, plumbing or carpentry?

Yes  No

23. Are there any operations that include the handling of infectious waste or hazardous material?

Yes  No

24. Are there any operations within auto repair shops, car washes, machine shops, warehouses, manufacturing or industrial facilities (other than cleaning offices within such locations), hotels, college dormitories or schools?

Yes  No

25. Are there any past, pending or planned foreclosure and/or bankruptcy or judgment for unpaid taxes against the named insured or any officer, partner, member or owner, individually within the past five years?

Yes  No

26. Do any operations involve construction debris removal?

Yes  No

27. Do any operations involve street cleaning requiring the use of heavy equipment?

Yes  No

28. Do operations include cleaning of locations (other than personal residences) open 24 hours per day?

Yes  No

29. Has insurance coverage been cancelled or non-renewed in the past three years? *(not applicable in MO)*

Yes  No

30. Is the annual cost for subcontractors more than 25% of the total annual receipts?

Yes  No

31. Are there any operations past, present or future in Alaska, Louisiana or West Virginia?

Yes  No

32. Are certificates of insurance required for all subcontractors naming the applicant as an additional insured?

Yes  No

## FRAUD STATEMENTS

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

**California:** For your protection California law requires the following to appear on this application. Fraud Statement: 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.

**Colorado Fraud Statement:** 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.

**Florida Fraud Statement:** 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 of the third degree.

**Kansas Fraud Statement:** 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; or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a crime and may be subject to fines and confinement in prison.

**Maine Fraud Statement:** 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

**Maryland Fraud Statement:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Ohio Fraud Statement:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma Fraud Statement:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon Fraud Statement:** Notice to Oregon applicants: Any person who, with intent to defraud or knowing that he is facilitation a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**Oregon Fraud Statement:** Notice to Oregon applicants: Any person who, with intent to defraud or knowing that he is facilitation a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**Kentucky and Pennsylvania Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 such person to criminal and civil penalties.

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

**Fraud Statement (All Other States):** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

## STATE NOTICES

**Arizona Notice:** Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

**Florida Surplus Lines Notice:** (Applies only if policy is non-admitted) You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

**Florida and Illinois Punitive Damage Notice:** I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

**Maine Notice:** The insurer is not permitted to withdraw any binder once issued, but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

**Ohio Representation Statement:** By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy. **THE INSURED UNDERSTANDS AND AGREES THAT ANY MATERIAL MISREPRESENTATION OR OMISSION ON THIS APPLICATION WILL ACT TO RENDER ANY CONTRACT OF INSURANCE NULL AND WITHOUT EFFECT OR PROVIDE THE COMPANY THE RIGHT TO RESCIND IT.**

**Utah Punitive Damages Notice:** I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: \_\_\_\_\_ License #: \_\_\_\_\_

Agent's signature: \_\_\_\_\_ Main agency phone number: \_\_\_\_\_

(Required in New Hampshire)

Agency mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The signer of this Application acknowledges and understands that the information provided herein is material to the Company's acceptance of the risk and issuance of the requested policy. The signer of this Application represents that the information provided herein is true and correct in all matters. Any changes in the information represented in this Application occurring prior to the effective date of a policy shall be promptly reported to the Company in which case, the Company has the right to modify or withdraw any quote or binder issued based on such changes. The Company has the right but not the obligation to investigate any representation(s) in this Application. A decision by the Company not to investigate shall not estop the Company from relying on this Application in issuing a policy. It is agreed that this Application and any material submitted therewith, including but not limited to any supplemental Application(s), shall be the basis of any policy that is issued.

**New York Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicant's signature: \_\_\_\_\_ Title: \_\_\_\_\_

President, Chairperson of the Board, Managing Member, or Executive Director

Date: \_\_\_\_\_