



Janitorial Services Product Application – All States

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 3 years. If there is loss history, please complete the entire application.

Applicant's Name: _____

Location Address: _____ Same as mailing address.

City: _____ State: _____ Zip: _____

Description of Operations:

How many years has the applicant been at the current location? _____

Which of the following will be cleaned during the policy term? (check all that apply): Residences Offices Mercantile (stores)

No work performed at Mercantile locations when they are open for business, or accessible to the general public True False

Liability Section

Exposure Basis: # Full-time Workers _____ # Part-time Workers _____
(include those with wages reported on 1099; part time is <30 hrs. per week)

Occurrence Limit: \$100,000 / \$200,000 \$300,000 / \$600,000 \$500,000 / \$1,000,000 \$1,000,000 / \$2,000,000

Would you like to purchase coverage for Independent Contractors? Yes No

If Yes, what is the total annual cost \$ _____

Would you like to purchase the Property Damage Extension? Yes No

Do you want Blanket Additional Insured coverage? Yes No

Additional Interests (AI = Additional Insured, LP = Loss Payee, M = Mortgagee)

Name	Relationship/Interest	Address	City, State, Zip	AI	LP	M
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inland Marine Do you want to include Inland Marine coverage? Yes No

Contractor's Equipment Floater

Rental Reimbursement

Lost Key Coverage

Blanket Limit \$10,000

Per day \$250

Limit \$25,000

Any one item \$2,500

Any one loss \$5,000

Deductible \$500

II. LOSS INFORMATION FOR THE PAST 3 YEARS

Liability Coverages None, or provide detail below.

Year	Status	Incurred	Description
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____

III. ELIGIBILITY CRITERIA

- No past, present or future operations in Alaska or Louisiana True False
 - No handyman operations, including painting, plumbing or carpentry True False
 - No exposure to Health Care Facilities (other than doctor's offices) or Assisted Living Facilities True False
 - No exterior operations over 4 stories True False
 - No handling of infectious waste or hazardous material True False
 - No more than 50% of total operations dedicated to floor waxing True False
 - No operations involving Insurance Claim Response, Water Removal/Extraction, Mold Remediation, Hood/Duct Cleaning or Security True False
 - No operations on buses, trains or airplanes or in terminals/stations True False
 - No products sold under applicant's name or label True False
 - No street cleaning or debris removal operations True False
 - No operations at locations other than residential, mercantile and office locations True False
 - Not over 25% of sales for operations involving landscaping, lawn maintenance, carpet cleaning and window cleaning (combined) True False
 - Not subcontracting more than 25% of annual sales to independent subcontractors True False
 - No past, pending or planned bankruptcy or judgement for unpaid taxes against, the named insured or any officer, partner, member or owner of the applicant individually within the past (5) years True False
- Independent Contractor Eligibility
- Certificates of insurance are obtained from all independent contractors True False

IV. ADDITIONAL APPLICANT INFORMATION

Form of Business: Individual Corporation Partnership LLC Other _____

Number of years in business? _____

Applicant's Mailing Address: _____ (if different than the location address above)

City: _____ State: _____ Zip: _____

Email Address of primary contact: _____ Phone: _____

Inspection Contact Name: _____ Telephone/Email Address: _____

Contact language preference: English Spanish Other _____

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance" is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium."

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.

District of Columbia Fraud Statement: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Statement: 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.

Kentucky Fraud Statement: 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.

Maine 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 may include imprisonment, fines or a denial of insurance benefits.

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.

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.

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.

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 and Virginia 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.

Applicant's Signature: _____ Title: _____ Date: _____

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

Retail Agency Name: _____ License #: _____

Main Agency Phone Number: _____

Agency Mailing Address: _____

City: _____ State: _____ Zip Code: _____