



# GLOBAL INSURANCE BROKERAGE

## Janitorial Program General Liability Supplemental Application

(Complete in addition to ACORD General Liability Application)

Name of Applicant: \_\_\_\_\_

Web site Address: \_\_\_\_\_

Location Address: \_\_\_\_\_

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE.”

1. Description of operations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. How long has applicant been in business? \_\_\_\_\_  Full-time  Part-time

3. Work performed is: \_\_\_\_\_% Commercial \_\_\_\_\_% Industrial \_\_\_\_\_% Residential

4. Property Damage Extension limits (GLS-55s): (Cannot exceed General Liability Limits.)

- |   |   |
|---|---|
| <input type="checkbox"/> \$5,000 Occurrence/\$25,000 Aggregate  | <input type="checkbox"/> \$50,000 Occurrence/\$50,000 Aggregate   |
| <input type="checkbox"/> \$10,000 Occurrence/\$25,000 Aggregate | <input type="checkbox"/> \$100,000 Occurrence/\$100,000 Aggregate |
| <input type="checkbox"/> \$25,000 Occurrence/\$25,000 Aggregate | <input type="checkbox"/> \$250,000 Occurrence/\$250,000 Aggregate |

5.

Employee Data	Number	Annual Payroll	Leased/Subcontracted	Number	Annual Cost
Owner(s) only		\$	Leased Employees		\$
Employees excluding clerical:			Independent Contractors*		\$
Full-Time		\$	(*Include cost of uninsured subcontractors as employee payroll)		
Part-Time		\$			

6. Does applicant subcontract any operations? .....  Yes  No  
 If yes:

- Description of operations subcontracted: \_\_\_\_\_
- Are all subcontractors required to carry General Liability and Workers Compensation Insurance? ....  Yes  No  
 If yes, minimum General Liability limits required: \_\_\_\_\_
- Are certificates of insurance required from all subcontractors? .....  Yes  No
- Is applicant included as an additional insured on all subcontractors' policies? .....  Yes  No
- Do written contracts contain hold-harmless agreements in favor of the applicant? .....  Yes  No  
 If no, explain when not required: \_\_\_\_\_

**7. Indicate annual sales for each of the following serviced:**

Operations for	Annual Sales	Operations for	Annual Sales
Aircraft	\$	Industrial	\$
Apartments	\$	Offices	\$
Construction Make-Ready	\$	Off-shore Oil Rigs	\$
Convalescent/Nursing Homes & Assisted Living Facilities	\$	Private Residences	\$
Convenience/Grocery Stores & Supermarkets	\$	Retail Stores	\$
Convention Halls/Centers	\$	Schools/Colleges/Universities	\$
Crime Scene Cleanup	\$	Shopping Centers & Malls	\$
Department/Discount Stores	\$	Sports Arenas or Complexes	\$
Hospitals	\$	Transportation Terminals	\$
Hotels	\$	Theaters	\$
Other (describe):			\$
Total Annual Sales			\$

**8. Indicate payroll and sales for each operation performed:**

Operation	Payroll	Sales
Carpentry	\$	\$
Carpet/Upholstery Cleaning	\$	\$
Construction Cleanup <input type="checkbox"/> Interior <input type="checkbox"/> Exterior	\$	\$
Consulting	\$	\$
Equipment Rental	\$	\$
Fire/Water Restoration	\$	\$
Floor Stripping/Waxing	\$	\$
Janitorial—General Services	\$	\$
Janitorial Supply Retail/Wholesale	\$	\$
Landscaping/Plant or Shrub Servicing	\$	\$
Machinery/Equip. Clean/Degreasing	\$	\$
Meth Lab Cleanup	\$	\$
Mold or Spore Remediation	\$	\$
Painting	\$	\$
Pressure Cleaning	\$	\$
Recycling	\$	\$
Sandblasting	\$	\$
Security	\$	\$
Snow Removal	\$	\$
Restaurant Vent Hood Cleaning	\$	\$
Window/Screen/Skylight Cleaning	\$	\$
Other (describe):	\$	\$

**9. Exterior window cleaning:**

Maximum number of stories: \_\_\_\_\_

Scaffolding/rigging:       Rented       Owned       None

**10. Provide a brief description of any hazardous waste handled, storage of combustible material, and recyclables handled:** \_\_\_\_\_

**11. Are applicant's employees bonded?** .....  Yes  No

If yes, effective date of coverage: \_\_\_\_\_

**12. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?**.....  Yes  No

If yes, describe: \_\_\_\_\_

**13. Does applicant have other business ventures for which coverage is not requested?**.....  Yes  No

If yes, explain and advise where insured: \_\_\_\_\_

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** 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. **Not applicable in Nebraska, Oregon and Vermont.**

**NOTICE TO COLORADO APPLICANTS:** 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** 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.

**NOTICE TO FLORIDA APPLICANTS:** 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 the third degree.

**NOTICE TO LOUISIANA APPLICANTS:** 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.

**NOTICE TO MAINE APPLICANTS:** 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.

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

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company 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.

**NOTICE TO OKLAHOMA APPLICANTS:** 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.

**NOTICE TO RHODE ISLAND APPLICANTS:** 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.

**FRAUD WARNING (Applicable in 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 include imprisonment, fines and denial of insurance benefits.

**NOTICE TO NEW YORK APPLICANTS (Other than automobile):** 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 NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.