



Janitorial Supplemental Questionnaire
General Agency

Notice: This Questionnaire becomes part of the policy and must be signed in ink by the President, Owner or Authorized Representative of the Applicant.
Any coverage we issue is due to the reliance of the truth and accuracy of the statements in this Questionnaire.
This document must be completed in addition to the ACORD Application.

- 1. Applicant's Name: \_\_\_\_\_
2. What year did you take over management of this business? \_\_\_\_\_
3. Do you use subcontractors? [ ] Yes [ ] No
a. If yes, what is subcontractor cost? \_\_\_\_\_
b. What percentage of your operation involves subcontracted work? \_\_\_\_\_%
4. Do you obtain and keep copies of General Liability Certificates for subcontractors? [ ] Yes [ ] No
5. Do you require your subcontractors to name you as an additional insured [ ] Yes [ ] No
6. Does your work include any of the following:
a. Convenience Stores - Open 24 hours [ ] Yes [ ] No
b. Convenience Stores - Open less than 24 hours [ ] Yes [ ] No
c. Grocery Stores - Open 24 hours [ ] Yes [ ] No
d. Grocery Stores - Open less than 24 hours [ ] Yes [ ] No
e. Supermarkets [ ] Yes [ ] No
f. Airplanes [ ] Yes [ ] No
g. Cruise Ships [ ] Yes [ ] No
h. Transportation Terminals [ ] Yes [ ] No
i. Convalescent/Nursing Homes [ ] Yes [ ] No
j. Assisted living facilities [ ] Yes [ ] No
k. Hospitals [ ] Yes [ ] No
l. Other health care facilities [ ] Yes [ ] No
m. Art Galleries or Museums [ ] Yes [ ] No
n. Crime cleanup work [ ] Yes [ ] No
o. Ventilation or exhaust hood cleaning [ ] Yes [ ] No
p. Duct cleaning [ ] Yes [ ] No
7. Do you work on fire/flood/water clean ups, furniture cleaning, mold remediation etc.? [ ] Yes [ ] No
If yes, what is percentage and payroll (must be rated separately). \_\_\_\_\_% and \$\_\_\_\_\_
8. Do you sell any type of janitorial products? [ ] Yes [ ] No
a. If yes, what products are sold? \_\_\_\_\_
b. If yes, what are your annual receipts? \_\_\_\_\_
9. Do you sell any products under your name? [ ] Yes [ ] No
If yes, what are they products sold? \_\_\_\_\_
10. Do you do floor waxing? [ ] Yes [ ] No
If so, what percentage of your operation is floor waxing? \_\_\_\_\_%
11. Do you do Window Cleaning where no other services are provided? [ ] Yes [ ] No
If yes, what is percentage and payroll (must be rated separately). \_\_\_\_\_% and \$\_\_\_\_\_



- 12. What percentage of your work is Commercial \_\_\_% Residential \_\_\_%
a. If commercial, is cleaning performed after hours?
b. If not what precautions are taken to protect general public when insured is conducting work during business hours?

- c. Are warning signs posted at work site?
d. Are barricades erected directing people around work area?

- 13. How many full time employees do you have?
14. How many part-time employees do you have?
15. What is your annual payroll (excluding owners) \$
16. What are your annual receipts (excluding janitorial products sold) \$

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/or 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). (Other state specific notifications shown below).

Applicable in AL, AR, AZ, DC, LA, MD, NM, RI and WV: 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 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 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 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 Pennsylvania: 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.

Completion of this form does not bind coverage or commit the Company to policy issuance.

Applicant: \_\_\_\_\_ Producer: \_\_\_\_\_
Signature: \_\_\_\_\_
Date: \_\_\_\_\_ Producer Signature: \_\_\_\_\_