



Janitorial Services Product Application – Texas

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:

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"/> |
| | | | | <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

Blanket Limit \$10,000

Any one item \$2,500

Deductible \$500

Rental Reimbursement

Per day \$250

Any one loss \$5,000

Lost Key Coverage

Limit \$25,000

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

1. No past, present or future operations in Alaska or Louisiana True False
2. No handyman operations, including painting, plumbing or carpentry True False
3. No exposure to Health Care Facilities (other than doctor's offices) or Assisted Living Facilities True False
4. No exterior operations over 4 stories True False
5. No handling of infectious waste or hazardous material True False
6. No more than 50% of total operations dedicated to floor waxing True False
7. No operations involving Insurance Claim Response, Water Removal/Extraction, Mold Remediation, Hood/Duct Cleaning or Security True False
8. No operations on buses, trains or airplanes or in terminals/stations True False
9. No products sold under applicant's name or label True False
10. No street cleaning or debris removal operations True False
11. No operations at locations other than residential, mercantile and office locations True False
12. Not over 25% of sales for operations involving landscaping, lawn maintenance, carpet cleaning and window cleaning (combined) True False
13. Not subcontracting more than 25% of annual sales to independent subcontractors True False
14. No prior, existing or pending bankruptcy tax or credit liens against the applicant in the past 5 years True False

Independent Contractor Eligibility

1. Certificates of insurance are obtained from all independent contractors True False



Janitorial Program Supplemental Application
 (Complete in addition to ACORD General Liability Application)

Name of Applicant _____
 Website Address: _____

1. How long have you been in business? _____
2. How many employees do you currently have?: _____ Full-time _____ Part-time
3. Do you have Workers Compensation coverage in force? Yes No
4. Does Applicant lease employees? Yes No
5. Mix of business: Commercial _____% Industrial _____% Residential _____%

| Employee Data | Number | Annual Payroll |
|------------------------|--------|----------------|
| Owner(s) only | | |
| Employees : Full time: | | |
| Part time: | | |

6. Does applicant subcontract work? Yes No
7. Are subcontractors insured and provide you with a COI? Yes No
8. Is applicant an additional insured on all subcontractor policies? Yes No
9. Do all subcontractors "Hold you harmless"? Yes No
10. Does the applicant keep copies of all certificates? Yes No

| Leased or Subcontracted | Number | Annual Cost |
|-------------------------|--------|-------------|
| Leased employees | | |
| Independent Contractors | | |

Indicate annual sales for each of the following industries serviced:

| Operations for | Annual Sales | Operations for | Annual Sales |
|----------------------|--------------|--------------------|--------------|
| Office Buildings | \$ | Convention halls | \$ |
| Industrial Buildings | \$ | Private residence | \$ |
| Shopping Mall | \$ | Aircraft | \$ |
| Supermarket | \$ | Make-Ready Con. | \$ |
| Department store | \$ | Schools | \$ |
| Retail store | \$ | Terminals | \$ |
| Apartments | \$ | Window cleaning | \$ |
| Hotels | \$ | Convenience Stores | \$ |
| Theatre/cinemas | \$ | Other: | \$ |
| Hospitals | \$ | Other: | \$ |
| Sports complex | \$ | Other: | \$ |
| | | | |

Type of Operations Performed:

| Operation | Payroll | Sales |
|------------------------------------|----------------|--------------|
| Carpentry | \$ | \$ |
| Carpet/upholstery cleaning | \$ | \$ |
| Construction cleanup | \$ | \$ |
| Consulting | \$ | \$ |
| Equipment Rental | \$ | \$ |
| Fire/Water Restoration | \$ | \$ |
| Floor Stripping/Waxing | \$ | \$ |
| Janitorial-General Services | \$ | \$ |
| Janitorial Supply Retail/wholesale | \$ | \$ |
| Landscaping/plant or shrub | \$ | \$ |
| Machinery/equip. Clean/degreasing | \$ | \$ |
| Mold or spore remediation | \$ | \$ |
| Painting | \$ | \$ |
| Pressure Washing | \$ | \$ |
| Recycling | \$ | \$ |
| Sandblasting | \$ | \$ |
| Crime Scene clean up | \$ | \$ |
| Snowplowing | \$ | \$ |
| Restaurant Hood Cleaning | \$ | \$ |
| Window/screen/skylight cleaning | \$ | \$ |
| Other: | \$ | \$ |

11. Window Cleaning: Maximum number of stories _____
Scaffolding/rigging, if any: _____ Rented _____ Owned _____
12. Does risk lend, lease, or rent any equipment to others? Yes No
13. Are the employees trained on proper use of cleaning products? Yes No
14. Does insured properly seal and store flammable and combustible substances in a cool, well-ventilated area? Yes No
15. Please provide a brief description of any hazardous waste handled, storage of combustible material, and recyclables handled: _____
16. Are your employees bonded? Yes No
17. Do you have any other operations? Yes No
If yes, please explain and list where insured:

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 _____

Applicant's Warranty Statement: The named insured hereby warrants: 1) That the statements made in the Janitorial Services Application(s) and any renewal application(s) are warranties, 2) That the statements are warranted as being true as of the date of the Application(s) and throughout the term of coverage of this policy, & 3) That any change in the named insured's operations that changes the statement(s) made in the Application(s) will be promptly reported to the Company.

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.

The named insured agrees that statement(s) made in the Application(s) are material to the Company's acceptance of the risk and form the basis on which any policy is issued

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: