



**Primary Casualty  
Janitorial Supplement**

Applicant's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

States in which \_\_\_\_\_  
you do business: \_\_\_\_\_  
# of years in business: \_\_\_\_\_

Employee Data	Number	Annual Payroll	*Written contract in place with all independent contractors? <input type="checkbox"/> Yes <input type="checkbox"/> No
Owner(s) Only		\$	
Employees (excluding clerical) Full-time		\$	
Employees (excluding clerical) Part-time		\$	Are your employees bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No
Leased or Subcontracted	Number	Annual Cost	
Leased Employees		\$	
Independent/Casual/Day Labor/Uninsured Contractors*		\$	

Type of operations performed:

Operation	Percentage	Operation	Percentage
Carpentry	%	Painting	%
Carpet/Upholstery Cleaning	%	Pressure Washing	%
Construction Cleanup <input type="checkbox"/> Interior <input type="checkbox"/> Exterior	%	Recycling	%
Consulting	%	Sandblasting	%
Equipment Rental	%	Security	%
Floor Stripping/Waxing	%	Snowplowing	%
Flood/Fire Cleanup	%	Restaurant Hood Cleaning	%
Janitorial – General Services	%	Window/Screen/Skylight Cleaning	%
Janitorial Supply Retail/Wholesale	%	Machinery/Equipment Clean/Degrease	%
Landscaping/Plant of Shrub Servicing	%	Other (Describe) _____	%

Window Cleaning: Max Number of Stories: \_\_\_\_\_ Scaffolding/rigging, if any Rented Owned

Indicated annual sales for each of the following industries serviced:

Operations for	Annual Sales	Work done during business hours	Operations for	Annual Sales	Work done during business hours
Aircraft/Airport	\$		Offices	\$	
Apartment/Condos	\$		Off-shore oil rigs	\$	
Construction Make-Ready	\$		Private Residences	\$	
Convenience Stores, Grocery Stores and Supermarkets	\$		Retails Stores	\$	
Convention Halls	\$		Schools/Colleges/Universities	\$	
Crime Scene Cleanup	\$		Shopping Centers and Malls	\$	
Department Stores	\$		Sports Complexes	\$	
Hospitals/Convalescent Homes	\$		Transportation Terminals	\$	
Hotels/Motels	\$		Theaters	\$	
Other (Describe) _____	\$		Industrial	\$	
			<b>Total Annual Sales:</b>	\$	

Please provide a brief description of any hazardous waste handled, storage of combustible material, and any recyclables handled?  
\_\_\_\_\_

**Attach a copy of applicant's standard contract.**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date