

Please complete and fax to 1-866-313-9739 Ph: 1-888-411-7679

**Applicant Insurance Quote General Questionnaire**

Owner(s) Name(s): \_\_\_\_\_ Doing Business As(DBA): \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ CA Zip: \_\_\_\_\_  
 Location Street Address \_\_\_\_\_ City \_\_\_\_\_ CA Zip: \_\_\_\_\_  
 Business Phone Number: \_\_\_\_\_ Business Fax Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_  
 Years at this Location: \_\_\_\_\_ Years Experience: \_\_\_\_\_  
 Individual  Corporation  Partnership  Joint Venture  LLC Federal Tax ID/ SS# Number: \_\_\_\_\_

DESCRIBE THE BUSINESS OPERATION IN DETAIL INCLUDING A DESCRIPTION OF GOODS OR SERVICES PROVIDED. IF APPLICABLE, INDICATE WHAT PERCENTAGE OF THE OPERATION IS RETAIL, WHOLESALE OR MANUFACTURING:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# of Active Owners/Officers/Partners: \_\_\_ # of active family members: \_\_\_ #of Full Time Employees: \_\_\_  
 # Part-Time Employees (under 20 hours weekly): \_\_\_\_\_  
 Estimated Annual Payroll (Excluding Owners) Current Year: \$ \_\_\_\_\_ Owners/Officers Payroll (If any) \_\_\_\_\_  
 Estimated Annual Gross Receipts/Sales/Rental Current Year: \$ \_\_\_\_\_ Previous Year \$ \_\_\_\_\_  
 Hrs. of Operations: Sat \_\_\_\_\_ Sun \_\_\_\_\_ M-F \_\_\_\_\_  
 Number of Loss Payees and Mortgagees: # \_\_\_\_\_ Number of Additional Insured (Landlord or any other entities)# \_\_\_\_\_  
 Are you involved in any other business operations?  Yes  No If yes, describe in Remarks  
 Do you or others operate any other business on the premises  Yes  No If yes, describe in Remarks.  
 Is a formal safety program in operation?  Yes  No Are any guard/pet dogs kept on the premises?  Yes  No  
 Do you keep firearms on the premises?  Yes  No Do you own the Building?  Yes  No  
 Limits of Liability Coverage Requested: \$ \_\_\_\_\_  
 Limits of Property Coverage Requested: Building \$ \_\_\_\_\_ Content \$ \_\_\_\_\_ Loss of Income \$ \_\_\_\_\_  
 Limits of other Coverage Requested (Please specify the types of coverage):

**PRIOR CARRIER INFORMATION (Explain all "Yes" responses in remarks section)**

<u>Policy Period</u>	<u>Insurance Company</u>	<u>Insurance Agency/Broker</u>	<u>Policy Number</u>	
Current Year: / / to / /				Please attach loss runs.
Prior Year: / / to / /				Please attach loss runs.
Prior Year: / / to / /				Please attach loss runs.
Prior Year: / / to / /				Please attach loss runs.

- 1) Any policy or coverage declined, cancelled or non-renewed during the prior 5 years? Yes  No
- 2) Any claims or occurrences for the past five years that may give rise to claims? Yes  No
- 3) Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person or entity on whose behalf you or your business entity has assumed liability?  
Yes  No
- 4) Have you had any claims, occurrences or losses during the past 5 years? Yes  No  If yes, please describe in remarks section below.
- 5) Have you ever been adjudged bankrupt or insolvent? Yes  No

Remarks:

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

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

1. **How long have you been in business?** \_\_\_\_\_ **Currently:**  Full-time  Part-time
2. **Mix of business:** Commercial \_\_\_\_\_% Industrial \_\_\_\_\_% Residential \_\_\_\_\_%
3. **Property Damage Extension (see limit options on back):** \$ \_\_\_\_\_ Occurrence  
 (coverage option selected, if limits are indicated) \$ \_\_\_\_\_ Aggregate

Employee Data	Number	Annual Payroll
Owner(s) only		\$
Employees excl. clerical: Full Time		\$
Part Time		\$

Leased or Subcontracted	Number	Annual Cost
Leased employees		\$
Independent Contractors*		\$

\*Do independents provide you with certificates of insurance?.....  Yes  No

**5. Indicate annual sales for each of following industries serviced:**

Operations for	Annual Sales	Operations for	Annual Sales
<i>Aircraft</i>	\$	Offices	\$
Apartments	\$	<i>Off-shore oil rigs</i>	\$
Construction Make-Ready	\$	Private Residences	\$
<i>Convenience Stores, Grocery Stores and Supermarkets</i>	\$	Retail Stores	\$
Convention Halls	\$	Schools/Colleges/Universities	\$
Crime Scene Cleanup	\$	Shopping Centers & Malls	\$
Department Stores	\$	Sports Complexes	\$
Hospitals/Convalescent Homes	\$	<i>Transportation Terminals</i>	\$
Hotels	\$	Theaters	\$
Industrial	\$		\$
Other (describe)			\$
Total Annual Sales			\$

**6. Type of Operations Performed:** (Show sales figures for bolded operations)

Operation	Payroll/Sales	Operation	Payroll/Sales
Carpentry	\$	Painting	\$
Carpet/Upholstery Cleaning	\$	Pressure Washing	\$
Construction Cleanup <input type="checkbox"/> Interior <input type="checkbox"/> Exterior	\$	Recycling	\$
Consulting	\$	<i>Sandblasting</i>	\$
Equipment Rental	\$	Security	\$
<b>Floor Stripping/Waxing</b>	\$	<b>Snowplowing</b>	\$
Janitorial—General Services	\$	<i>Restaurant Hood Cleaning</i>	\$
<b>Janitorial Supply Retail/Wholesale</b>	\$	Window/Screen/Skylight Cleaning	\$
Landscaping/plant or shrub servicing	\$	Other (describe)	\$
Machinery/Equip. clean/degreasing	\$		\$

**7. Window Cleaning:**

Maximum number of stories: \_\_\_\_\_  
 Scaffolding/rigging, if any:     Rented       Owned

**8. Please provide a brief description of any hazardous waste handled, storage of combustible material, and recyclables handled:** \_\_\_\_\_

**9. Are your employees bonded?** .....  Yes     No  
 If yes, effective date of coverage: \_\_\_\_\_

**APPLICABLE IN THE STATE OF NEW YORK:**

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.

**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.

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

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_