



# United States Liability Insurance Group Janitorial Services

## APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

### GENERAL

1. Name: \_\_\_\_\_ Website: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Is Applicant:  Sole Owner/Operator  Partnership  Corporation

4. Number of: Owners \_\_\_\_\_ Full Time Employees \_\_\_\_\_ Part Time Employees \_\_\_\_\_

5. Number of Years in Business? \_\_\_\_\_

6. Annual Payroll: \_\_\_\_\_ Annual Receipts \_\_\_\_\_

7. What Percentage of Applicants total work involves Floor Waxing? \_\_\_\_\_%

8. Does Applicant:

- |   | <b>Decline</b>               | <b>Eligible</b>             |
|---|------------------------------|-----------------------------|
| a. Percentage of Floor Waxing is over 50% or greater .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Have over \$1,000,000 in Annual Sales? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Have over 30 Employees? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Perform services at other than Mercantile, Office or Residential properties? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Perform services at Mercantile or Office premises when they are open for business? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Perform services in health care or assisted living facilities? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Handle any Hazardous Material or Infectious Waste? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Work in Bus, Train or Airport Terminals or on Buses, Trains or Aircrafts? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. Work in Industrial Facilities? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| j. Provide any Treatment or Removal of Ice or Snow? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| k. Provide any exterior work in excess of 4 stories? (i.e. Window Washing) .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| l. Sell any products under their own Name or Label? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| m. Any operations involving Hood/Duct Cleaning, Water Removal/Extraction,<br>Security Operations, Insurance Claim Response or Mold Remediation? ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|   | <b>Submit</b>                | <b>Eligible</b>             |
| n. Other than those covered in m above, are there any additional operations other than<br>Janitorial Services? (complete question #9) .....           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| o. Any losses in the past 3 years? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

9. Additional operations? (submit item from n. above):

- Landscaping  Window Washing  Carpet Cleaning  Lawn Maintenance  
 Other \_\_\_\_\_

Describe the extent of these operations, the projects that have included them, and the annual sales generated by them

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

### HISTORY

10. Name of Previous Insurer: \_\_\_\_\_ Limits: \_\_\_\_\_ Premium: \_\_\_\_\_

11. Has previous Insurer refused to Renew or Cancelled Coverage?  Yes  No If Yes, describe: \_\_\_\_\_

12. Loss information for the past 3 years:

Year	# of Claims	Incurred Amounts	Descriptions
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

