



Janitorial Services Supplemental

Name Insured: _____

Producer _____

Safety/Loss Control

- 1 Is there a formal safety Incentive Program? YES NO
If so give a description.

- 2 Is there a Safety Director on staff? YES NO With no other job responsibilities? YES NO

Name of Full-Time Safety Director (owner does not qualify): _____

- 3 Does this risk have a formal written safety program? YES NO

- 4 Are safety meetings conducted? YES NO

- 5 Is there a formal accident investigation program? YES NO

If "Yes", is it? Formal Informal

- 6 Is there a Return To Work Program? Formal Informal None

- 7 Does risk have pre-hire and post accident drug testing? YES NO

- 8 MVR's checks (Pre-hire & annually) (select 'Not Applicable' if no driving exposures): YES NO N/A

- 9 Number of employees is: Increasing Decreasing Stable

Additional Ownership Information

- 1 If you answered 'Yes' to ACORD question #5 (is applicant involved in any other type of business?) Is the risk's business combinable with this entity? YES NO

- 2 Is the other business included on this application or submitted to ICW Group on a separate application YES NO

Catastrophic Exposure

- 1 Does the risk have more than 50 employees in a building that is 4 stories or greater? YES NO

Prior Insurance

- 1 How many years has this risk had Workers' Compensation Insurance? _____ Yrs

Health benefits

- 1 Employee Participation _____ % Employer's Contribution _____ %

- 2 Union? YES NO

- 3 Turnover % last 12 months? _____ %

Janitorial Services - Building Operations

- 1 Does risk perform chimney cleaning from the roof or have pest control operations? YES NO

- 2 Does the risk have independent contractors or 1099 employees? YES NO

- 3 Does risk have group transportation? YES NO

- 4 Does the risk perform any of the following operations? YES NO

- * Exterior window cleaning
- * Cleaning for health care or industrial facilities
- * Crime Scene or Bio-Hazard clean-up
- * Mobile Power / Pressure washing services
- * Water or fire damage restoration

- 20 Does the risk store their supplies on customer premises? YES NO

- 21 Which one of the following best describes the insured's operations?

- Commercial Office Cleaning - No Waxing/Polishing of Floors or Walls
- Commercial Office Cleaning - Including Waxing/Polishing of Floors or Walls
- Sweeping of Parking Lots
-

- Other _____
- Pool Cleaning

21 Please provide all four (4) years of premium and payroll information.

Policy Term	Annual Premium	Annual Payroll
Expiring policy		
1st prior		
2nd prior		
3rd prior		

Name of person completing application

Dated