

JANITORIAL SERVICES SUPPLEMENTAL APPLICATION

Name of Insured: _____

1. How long in business? new venture _____ months _____ years

Experience: Yes No If yes, please explain experience: _____

2. What percentage of work is Commercial? _____% Residential? _____%

3. Total receipts from all operations? _____

4. Any floor waxing? Yes No If yes, what % of total receipts? _____%

5. Are all floor waxing jobs done in connection with other janitorial services performed at the same premises? Yes No

6. Any out-of-state jobs/operations? Yes No

7. Any window cleaning done on exterior? Yes No Max. Height? _____

8. Are all window cleaning jobs done in connection with other janitorial services performed at the same premises? Yes No

9. Is there any cleaning or renovating of outside surfaces of buildings, machinery or equipment?
 Yes No

If yes, describe, including type of equipment and cleaning solutions used.

10. Any jobs for department stores, supermarkets or convenience stores? Yes No

11. What percentage of operations are done while clients are open for business? _____ %

12. Are customers secured through cleaning service brokers or intermediaries? Yes No

H. R. KELLER & CO., INC.

CONTRACTOR SUPPLEMENTAL APPLICATION

NOTE: Complete in Addition To Acord Application. Applications incomplete or unsigned by the applicant are unacceptable.

APPLICANT INFORMATION			2. WEB ADDRESS		
1. NAME (FIRST NAMED INSURED AND OTHER NAMED INSUREDS) *					
* IF INSURED HAS EVER WORKED UNDER A DIFFERENT NAME(S), LIST ALL HERE:					
3. NUMBER OF YEARS IN BUSINESS AS OWNER? _____ NUMBER OF YEARS OF EXPERIENCE? _____	4. DESCRIBE TYPE OF WORK INSURED SPECIALIZES IN:				
5. STATES INSURED OPERATES IN AND IS LICENSED IN? % OF WORK IN THOSE STATES? % OF WORK IN NY CITY? _____	6. DESCRIBE ALL OTHER TYPE OF WORK INSURED PERFORMS OR HAS PERFORMED AND TYPICAL CUSTOMER:				
7. CONTRACTOR LICENSE NUMBER(S) AND NAME(S) ON LICENSE(S):					
8. FINANCIALS / STAFFING: TOTAL RECEIPTS \$ _____ COST OF SUB-CONTRACTORS \$ _____ # OF OWNERS _____ OWNER PAYROLL \$ _____ #OF EMPLOYEES _____ EMP. PAYROLL \$ _____	9. DOES INSURED HOLD ANY OTHER LICENSES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DESCRIBE:				
10. DESCRIBE INSURED'S 5 CURRENT/COMPLETED LARGEST PROJECTS, ANTICIPATED COMPLETION DATE AND LOCATIONS (CITY/STATE) OF THE SITE:					
A.) _____					
B.) _____					
C.) _____					
D.) _____					
E.) _____					
11. WHAT PERCENT OF YOUR REVENUES HAVE BEEN DERIVED FROM YOUR OPERATION AS A:					
a. General Contractor _____ % VERSUS Artisan or Sub-Contractor _____ % (Total = 100%)					
12. PERCENT OF CONSTRUCTION WORK PERFORMED BY INSURED (Total = 100% for each section a, b, & c)					
A. NEW CONSTRUCTION	%	B. COMMERCIAL	%	C. INSIDE BUILDING	%
REMODELING	%	RESIDENTIAL	%	OUTSIDE BUILDING	%
OTHER	%				%
13. CLASSIFICATION OF OPERATIONS (PAYROLL / SUB-COSTS)					
Class	Employee Payroll	Sub-Contractor Costs	Class	Employee Payroll	Sub-Contractor Costs
Advertising Sign Co. - Outdoors	\$	\$	Heating / AC Install Repair - No LPG	\$	\$
A/C System Install & Repair (91111)	\$	\$	Insulation	\$	\$
Appliance Install, Svc, Repair - Home	\$	\$	Masonry (no EIFS or Synthetic Stucco)	\$	\$
Appliance Install, Svc, Repair - Comm	\$	\$	Painting - Exterior < 3 Stories	\$	\$
Cable / Subscription TV Companies	\$	\$	Painting - Interior	\$	\$
Carpentry - Residential < 3 stories	\$	\$	Paperhanging - Wallpapering	\$	\$
Carpentry - Interior / Finish	\$	\$	Plumbing - Residential	\$	\$
Carpentry - NOC	\$	\$	Plumbing - Commercial	\$	\$
Ceiling or Wall Installation - Metal	\$	\$	Roofing - Residential	\$	\$
Chimney Cleaning / Inspection	\$	\$	Roofing - Commercial	\$	\$
Concrete Construction	\$	\$	Septic Tank Systems Cleaning	\$	\$
Debris Removal - Const. Site No Haz.	\$	\$	Septic Tank Systems - Install / Repair	\$	\$
Door, Window Installation	\$	\$	Sewer Cleaning	\$	\$
Drywall or Wallboard Installation	\$	\$	Sheet Metal Work - Outside < 3 Stories	\$	\$
Electrical Apparatus Install, Service	\$	\$	Siding Installation	\$	\$
Electrical Work Within Buildings	\$	\$	Sign Painting or Lettering Inside Bldgs.	\$	\$
Fence Erection - No Electrified	\$	\$	Sign Painting or Lettering On Buildings	\$	\$
Floor Covering Install -No Tile / Stone	\$	\$	Tile, Stone, Marble - Interior	\$	\$
Glass Dealer & Glaziers < 3 Stories	\$	\$	Other:	\$	\$
Handyperson - Residential	\$	\$	Other:	\$	\$
* Above listing does not include all classifications that require the BG-C-07. Please refer to individual classification Rate Page to confirm the requirement for the supplemental application.					

14. INDICATE THE PERCENT OF WORK INSURED PERFORMS BASED ON TOTAL OPERATIONS OF ANY OF THE FOLLOWING:

AIRPORTS	%	FIRE SUPPRESSION	%	SHORING/UNDERPINNING	%
ASBESTOS REMOVAL	%	GAS/WATER MAINS	%	STEEL	%
BLASTING	%	GRADING	%	STEEL (ORNAMENTAL)	%
BRIDGE CONSTRUCTION	%	LANDFILLS	%	STEVEDORING	%
BORING	%	LEAD PAINT REMOVAL	%	STREET/ROAD	%
BOILER INSPECTION	%	MAINTENANCE	%	SUB AQUEOUS	%
BLDG. - RAISING OR MOVING	%	MASONRY	%	SUBWAYS	%
COFFERDAM OR CAISSON WORK	%	MECHANICAL	%	SUPERVISORY ONLY	%
DAMS/RESERVOIRS	%	MUNICIPALITY WORK	%	TUNNELS	%
DEMOLITION	%	PIER OR WHARF CONSTRUCTION	%	WATERPROOFING	%
DRILLING	%	PIPELINE	%	WRAP-UPS	%
EIFS OR RELATED WORK	%	PLASTERING	%	OTHER (DESCRIBE BELOW)	%
EXCAVATION	%	POLLUTION ABATEMENT	%		
EQUIPMENT RENTAL TO OTHERS	%	RAILWAY	%		

15. SUB-CONTRACTORS		<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>
A. ARE SUB-CONTRACTORS USED? IF YES, WHAT OPERATIONS ARE SUB-CONTRACTED?	<input type="checkbox"/>	<input type="checkbox"/>		F. ARE CERTIFICATES OF INSURANCE OBTAINED?	<input type="checkbox"/>	<input type="checkbox"/>
B. ARE THERE WRITTEN CONTRACTS BETWEEN THE INSURED AND SUB-CONTRACTORS?	<input type="checkbox"/>	<input type="checkbox"/>		H. WHAT LIMITS ARE REQUIRED?	<input type="checkbox"/>	<input type="checkbox"/>
D. DO THESE CONTRACTS INCLUDE INDEMNIFICATION AND HOLD HARMLESS AGREEMENTS THAT PROTECT THE INSURED?	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____ CGL OCCURRENCE		
				\$ _____ GEN. AGGREGATE		
				\$ _____ P.-C. OPS AGG.		

16. **OPERATIONS / EQUIPMENT**

	<u>YES</u>	<u>NO</u>
A. TRACT HOUSING / CONDO / TOWNHOUSE		
(1) HAS THE RISK EVER BEEN INVOLVED IN THE NEW CONSTRUCTION OF TRACT HOUSING, APARTMENT BUILDINGS, CONDOMINIUMS OR TOWNHOUSES? IF YES WHAT PERCENTAGE OF REVENUE: _____%	<input type="checkbox"/>	<input type="checkbox"/>
(2) HAVE YOU PERFORMED ORIGINAL FRAMING, WINDOW OR DOOR INSTALLATION WORK ON ANY CONDOMINIUMS, TOWNHOUSES OR TRACT HOMES?	<input type="checkbox"/>	<input type="checkbox"/>
(3) WHAT PERCENTAGE OF YOUR OVERALL GROSS RECEIPTS HAS BEEN DERIVED FROM WORK ON NEW CONSTRUCTION FOR CONDO, APARTMENT, TOWNHOUSES OR TRACT HOMES _____%		
B. DOES OR DID THE RISK EVER USE SYNTHETIC STUCCO OR EIFS?	<input type="checkbox"/>	<input type="checkbox"/>
C. HAVE YOU EVER BEEN INVOLVED IN OR ARE YOU AWARE OF PENDING LITIGATION CONCERNING DEFECTIVE WORKMANSHIP? IF YES PLEASE DESCRIBE:	<input type="checkbox"/>	<input type="checkbox"/>
D. SCAFFOLDING:		
DOES INSURED USE ANY TYPE OF SCAFFOLDING OR LIFTS? (If Yes, please complete 1-4 below)	<input type="checkbox"/>	<input type="checkbox"/>
(1) IS SCAFFOLDING: OWNED? <input type="checkbox"/> RENTED? <input type="checkbox"/> LEASED? <input type="checkbox"/>		
(2) IS THE SCAFFOLDING LEFT ON THE JOB-SITE FOR USE BY OTHERS?	<input type="checkbox"/>	<input type="checkbox"/>
(3) DOES INSURED USE ANY OF THE FOLLOWING EQUIPMENT? (CHECK ALL THAT APPLY)		
SCISSOR LIFTS <input type="checkbox"/> AERIAL LIFTS <input type="checkbox"/> ARTICULATING BOOM LIFTS <input type="checkbox"/>		
CRANES <input type="checkbox"/> CHERRY PICKERS <input type="checkbox"/> MAXIMUM HEIGHT WORKED _____		
E. HAVE YOU OR YOUR SUBS PERFORMED WORK OVER 2 STORIES. IF YES DESCRIBE: _____	<input type="checkbox"/>	<input type="checkbox"/>
F. LIST NUMBER AND TYPE OF HEAVY EQUIPMENT USED:		
G. DOES INSURED RENT/LEASE EQUIPMENT? IF YES, HOW OFTEN AND WHAT TYPE OF EQUIPMENT?		

17. ADDITIONAL INSUREDS:	<u>YES</u>	<u>NO</u>
1. IS APPLICANT HIRED AS A SUB-CONTRACTOR BY ANY OTHER CONTRACTOR?	<input type="checkbox"/>	<input type="checkbox"/>
2. IF YES, DOES THIS CONTRACTOR REQUIRE TO BE NAMED AS ADDITIONAL INSURED?	<input type="checkbox"/>	<input type="checkbox"/>
3. WHAT ARE THE OPERATIONS OF THE ADDITIONAL INSURED? _____		
4. WHAT % OF THE ADDITIONAL INSURED RECEIPTS ARE SUB CONTRACTED? _____%		

Applicant warrants and agrees that the above answers and all attachments are in all respects true and shall be deemed material and are made to induce the Company to issue a policy, that the Company will rely on the same when issuing a policy, and that all pertinent information has been fully disclosed. The applicant understands that submission of this information creates no obligation on the part of the Company to provide insurance either on the basis requested or on any other basis.	DATE COMPLETED
	SIGNED BY APPLICANT
	TITLE

Producer Signature/Date: _____