

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