JANITORIAL SUPPLEMENT

(Include Acord application)

Applicant's Name:					Location Address	ss:		
Mailing Address:								
Mix of business: Commerc		ial% Industr		% Industr	rial%	Residential		%
Employee Data			Number Annual Payroll					
Owner(s) only			1 (4444)	\$	* Do independents			
Employees (excluding clerical) Full-time				\$				
Employees (excluding clerical) Part-time					\$	certificates of insurance		
Leased or Subcontracted			Number	Annual Cost	Annual Cost			
Leased Employees					\$	Yes	s No	
Independent Contractor	s *				\$			
Indicate annual sales f		e follov	ving in	dustries serviced:				
Operations for		Annual Sales		Work done during business hours	Operation	rations for An Sa		Work done during business hours
Aircraft		\$			Offices		\$	
Apartments		\$			Off-shore oil rigs		\$	
Construction Make-Ready		\$			Private Residences		\$	
Convenience Stores, Grocery Stores		\$			Retail Stores	il Stores		
and Supermarkets								
Convention Halls		\$				Schools/Colleges/Universities		
Crime Scene Cleanup		\$			Shopping Centers & Malls		\$ \$	
Department Stores		\$			Sports Complexes	•		
Hospitals/Convalescent Homes		\$				Transportation Terminals		
Hotels		\$			Theaters			
Other (describe)					Industrial		\$	
		\$				Annual Sales:	\$	
Type of operations per		ow sale	es figu			\		Darmall/Calas
Operation Carpentry			Payroll/Sales \$		Operation Painting			Payroll/Sales \$
Carpet/Upholstery Cleaning				\$	Pressure Washing			\$
Construction Cleanup	Exterior		\$	Recycling			\$	
Construction Cleanup Interior Consulting		Exterior		\$	Sandblasting			\$
Equipment Rental				\$	Security			\$
Floor Stripping/Waxing				\$	Snowplowing	·		\$
Flood/Fire Cleanup				\$		Restaurant Hood Cleaning		\$
Janitorial – General Services			\$		Window/Screen/Skylight cleaning		ıg	\$
Janitorial Supply Retail/Wholesale				\$		Machinery/Equipment clean/degrease		
Landscaping/plant or shrub servicing			\$		Other (describe)			
Window Cleaning:	Max. numl				Scaffolding/rigging		ented Own	
Please provide a brief d	escription of a	ny naza	araous	waste nandled, stor	rage of combustible r	naterial, and re	cyclables nan	idled?
Are your employees box	nded?		Yes	s No				
Attach a copy of applie								
Any person who knowing								
containing false information fraudulent insurance act								
Applicant's Signature	Prod		Produ	cer's Signature		Date		