



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:

- | | Decline | Eligible |
|---|------------------------------|-----------------------------|
| 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,
Security Operations, Insurance Claim Response or Mold Remediation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Submit | Eligible |
| n. Othan than those covered in m above, are there any additional operations other than
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
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

