



Associated Underwriters, Inc.
 9412 Giles Road
 LaVista, NE 68128

Phone: 402.592.0900
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Janitorial Program Supplemental Application

(Complete in addition to ACORD General Liability Application)

Name of Applicant: _____

Web site Address: _____

Location Address: _____

1. How long have you been in business? _____ Currently: Full-time Part-time

2. Mix of business: Commercial _____% Industrial _____% Residential _____%

3. Property Damage Extension limit (GLS-55s): (Cannot exceed General Liability Limits.)

- | | |
|-----------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> \$5,000 Occurrence/\$25,000 Aggregate | <input type="checkbox"/> \$50,000 Occurrence/\$50,000 Aggregate |
| <input type="checkbox"/> \$10,000 Occurrence/\$25,000 Aggregate | <input type="checkbox"/> \$100,000 Occurrence/\$100,000 Aggregate |
| <input type="checkbox"/> \$25,000 Occurrence/\$25,000 Aggregate | <input type="checkbox"/> \$250,000 Occurrence/\$250,000 Aggregate |

Employee Data	Number	Annual Payroll
Owner(s) only		\$
Employees excl. clerical: Full Time		\$
Part Time		\$

Leased or Subcontracted	Number	Annual Cost
Leased employees		\$
Independent Contractors*		\$

*Do independent contractors provide you with certificates of insurance? Yes No

5. Exterior Window Cleaning:
 Maximum number of stories: _____
 Scaffolding/rigging, if any: Rented Owned

6. Please provide a brief description of any hazardous waste handled, storage of combustible material, and recyclables handled: _____

7. Are your employees bonded? Yes No
 If yes, effective date of coverage: _____

8. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? Yes No
 If yes, describe: _____

9. Indicate annual sales for each of the following industries serviced:

Operations for	Annual Sales	Operations for	Annual Sales
Aircraft	\$	Industrial	\$
Apartments	\$	Offices	\$
Construction Make-Ready	\$	Off-shore Oil Rigs	\$
Convalescent Homes	\$	Private Residences	\$
Convenience Stores, Grocery Stores and Supermarkets	\$	Retail Stores	\$
Convention Halls Centers	\$	Schools/Colleges/Universities	\$
Crime Scene Cleanup	\$	Shopping Centers & Malls	\$
Department/Discount Stores	\$	Sports Arenas or Complexes	\$
Hospitals/Convalescent Homes	\$	Transportation Terminals	\$
Hotels	\$	Theaters	\$
Other (describe)			\$
Total Annual Sales			\$

10. Type of Operations Performed (show sales figures for operations):

Operation	Payroll	Sales
Carpentry	\$	\$
Carpet/Upholstery Cleaning	\$	\$
Construction Cleanup <input type="checkbox"/> Interior <input type="checkbox"/> Exterior	\$	\$
Consulting	\$	\$
Equipment Rental	\$	\$
Fire/Water Restoration	\$	\$
Floor Stripping/Waxing	\$	\$
Janitorial—General Services	\$	\$
Janitorial Supply Retail/Wholesale	\$	\$
Landscaping/Plant or Shrub Servicing	\$	\$
Machinery/Equip. Clean/Degreasing	\$	\$
Meth Lab Cleanup	\$	\$
Mold or Spore Remediation	\$	\$
Painting	\$	\$
Pressure Cleaning	\$	\$
Recycling	\$	\$
Sandblasting	\$	\$
Security	\$	\$
Snow Removal	\$	\$
Restaurant Vent Hood Cleaning	\$	\$
Window/Screen/Skylight Cleaning	\$	\$
Other (describe)	\$	\$

11. Does applicant have other business ventures for which coverage is not requested?..... Yes No

If yes, explain and advise where insured: _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by an owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.