

Roush Insurance Services, Inc.
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Applications available at www.roushins.com

Agency _____ Code _____
 Producer _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____

Janitorial Program General Liability Application

Proposed Dates: From _____ to _____

Applicant Name _____ Inspection Contact _____
 DBA _____ Inspection Contact Phone Number _____
 Mailing Address _____ Location Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Phone: Day _____ Evening _____ Website _____

Individual Partnership Joint Venture Trust LLC Corp or Other Organization: _____

Business Description _____
 Length of Time in Business/Experience _____ yrs _____ mos New Venture? Yes No Non-Profit? Yes No
 Prior Carrier _____ Expiring Premium \$ _____ Lapse in Coverage? Yes No, Reason _____

Any Claims in Last Three Years? Yes No, Describe and Attach Loss Runs _____

Has any Company Cancelled or Refused Coverage to the Applicant? Yes No, Reason _____

Is applicant in Bankruptcy? Yes No, Describe _____

DESIRED LIMITS & COVERAGES (Please Note: Quotation may not conform to limits and coverages requested on application.)

LIABILITY LIMITS \$ _____ Per Occurrence / \$ _____ Aggregate

1. **Description of operations:** _____

2. **Applicant operates on what basis?** _____ Full-time Part-time

3. **Work performed is:** _____ % Commercial _____ % Industrial _____ % Residential

4.

Employee Data	Number	Annual Payroll	Leased/Subcontracted	Number	Annual Cost
Owner(s) only		\$	Leased Employees		\$
Employees excluding clerical:			Independent Contractors*		\$
Full-Time		\$	(*Include cost of uninsured subcontractors as employee payroll)		
Part-Time		\$			

5. **Does applicant subcontract any operations?** Yes No

If yes:

a. Description of operations subcontracted: _____

b. Are all subcontractors required to carry General Liability and Workers Compensation Insurance? Yes No

If yes, minimum General Liability limits required: _____

c. Are certificates of insurance required from all subcontractors? Yes No

d. Is applicant included as an additional insured on all subcontractors' policies? Yes No

e. Do written contracts contain hold-harmless agreements in favor of the applicant? Yes No

If no, explain when not required: _____

6. Indicate annual sales for each of the following serviced:

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

7. Indicate payroll and sales for each operation performed:

Operation	Payroll	Sales
Appliance loading, unloading or installation	\$	\$
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	\$	\$
Packing, loading or unloading operations	\$	\$
Pressure Cleaning	\$	\$
Recycling	\$	\$
Sandblasting	\$	\$
Sanitizing medical equipment or instruments	\$	\$
Security	\$	\$
Snow Removal	\$	\$
Restaurant Vent Hood Cleaning	\$	\$
Window/Screen/Skylight Cleaning	\$	\$
Other (describe):	\$	\$

8. Exterior window cleaning:

Maximum number of stories:

Scaffolding/rigging: Rented Owned None

9. Any exterior work over three stories? Yes No

10. Provide a brief description of any hazardous waste handled, storage of combustible material, and recyclables handled: _____

11. Are applicant's employees bonded?..... Yes No

If yes, effective date of coverage:

12. 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: _____

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

If yes, explain and advise where insured: _____

14. Additional Insured Information:

Name	Address	Interest

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. (Not applicable in OHIO.)

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying.

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.