

### Workers Compensation Janitorial Supplemental Application

**Description of operations**

<b>Company Name:</b> _____ <b>Company Website:</b> _____
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1. % of residential homes cleaning : \_\_\_\_\_
2. How many homes do they clean per day? \_\_\_\_\_
3. % of commercial janitorial cleaning: \_\_\_\_\_ (How many cleaned per day? \_\_\_\_\_)  
 Office: \_\_\_\_\_ Industrial% \_\_\_\_\_  
 Construction% \_\_\_\_\_ Medical hospital/Nursing homes% \_\_\_\_\_
4. How many full time employees? \_\_\_\_\_ Part time? \_\_\_\_\_ If part time employees- do they work anywhere else?
5. Does insured utilize any 1099 employees? yes  no  (if yes, what % \_\_\_\_\_ Are they insured? \_\_\_\_\_)
6. Does insured conduct any hazard material removal/clean-up?
7. Does insured conduct parking lot sweeps?
8. Does insured do any mold remediation or disaster restoration work?

**Employee Information:**

1. Does the insured provide Medical Benefits? yes  no   
 Percentage employer pays: \_\_\_% Percentage employee's participating: \_\_\_%
2. Is sick time provided? yes  no
3. Is vacation time provided? yes  no
4. Percentage of annual turnover? \_\_\_\_\_%
5. Does insured take applications for potential employees? yes  no
6. Does insured check potential employee references? yes  no
7. Does insured require pre-hire physicals? yes  no
8. Does insured require pre-hire drug testing or post hire drug testing? yes  no
9. Any exterior window washing above ground? yes  no
10. Does the risk conduct any hazard material removal/clean-up? yes  no
11. Does the risk conduct any construction or bank-owned or clean-up? yes  no
12. Does the risk conduct parking lot sweeps? yes  no
13. Does the risk conduct any exterior pressure cleaning wall or rooftop yes  no
14. Any Residential cleaning? yes  no

**Company Operated Vehicles:** *If more than 4 drivers and vehicles, please provide a vehicle list and age of the drivers.*

1. Number of facilities per day? \_\_\_\_\_
2. Number of drivers: \_\_\_\_\_ vs. total number of employees \_\_\_\_\_
3. Number of employees in same vehicle \_\_\_\_\_ Radius of operations: \_\_\_\_\_
4. Are motor vehicle records checked? yes  no  Number of Autos: \_\_\_\_\_  
 If no company operated vehicles,
  - a. How many employees travel together \_\_\_\_\_
  - b. Are MVR's checked for all drivers? yes  no

**Safety Organization Information:**

1. Does insured have an active safety program? yes  no
2. Documented safety meetings with all employees? yes  no   
 How often? \_\_\_\_\_
3. Does insured have an Early return to work program? yes  no
4. Does insured have an employee training program? yes  no   
 If so, types of training done: \_\_\_\_\_
5. Does insured have a safety incentive program? yes  no
6. Require use of protective equipment? yes  no   
 What type? \_\_\_\_\_

The applicant warrants and represents to the insurer that the information entered in this supplemental application is true and correct. The applicant acknowledges that the information presented herein is material to the decision of the insurance company to issue a policy, and that this issuance of a policy by the insurer is in reliance upon the sufficiency and accuracy of the information by the applicant in this supplemental application. **MUST BE SIGNED TO BIND.**

Authorized Representative: \_\_\_\_\_

Print Name

Signature: \_\_\_\_\_ Date: \_\_\_\_\_