



Janitorial Program Supplemental Application

(Complete in addition to ACORD General Liability Application)

Name of applicant _____

1. How long have you been in business? _____ Currently: ☐ Full-time ☐ Part-time
2. Mix of business: Commercial _____% Industrial _____% Residential _____%
3. Property Damage Extension (see limit options on back): \$ _____ Occurrence
(coverage option selected, if limits are indicated) \$ _____ Aggregate

4.

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 independents provide you with certificates of insurance? ☐ Yes ☐ No

5. Indicate annual sales for each of following industries serviced:

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

6. Type of Operations Performed: (Show sales figures for bolded operations)

Operation	Payroll/Sales	Operation	Payroll/Sales
Carpentry	\$	Painting	\$
Carpet/Upholstery Cleaning	\$	Pressure Washing	\$
Construction Cleanup <input type="checkbox"/> Interior <input type="checkbox"/> Exterior	\$	Recycling	\$
Consulting	\$	<i>Sandblasting</i>	\$
Equipment Rental	\$	Security	\$
Floor Stripping/Waxing	\$	Snowplowing	\$
Janitorial—General Services	\$	<i>Restaurant Hood Cleaning</i>	\$
Janitorial Supply Retail/Wholesale	\$	Window/Screen/Skylight Cleaning	\$
Landscaping/plant or shrub servicing	\$	Other (describe)	\$
Machinery/Equip. clean/degreasing	\$		\$

7. Window Cleaning: Max. no. of stories _____ Scaffolding/rigging, if any: ☐ Rented ☐ Owned

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

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

APPLICANT'S SIGNATURE _____ DATE _____

Janitorial Program Rating Work Sheet

	(A) Class Code	(B) Rate	(C) Increase In Agg. Limit Debit	(D) Fringe Cred. Mod.	(E) Cred./ Deb. Mod.	(F) 100% Res. Cleaning	Final Rate	(G) Base	Exposure	Premium
Premis. Ops.	96816		X	X	X	X	=	P)	X	=
Premis. Ops.	99303	50.00	X	X	X		=	S)	X	=
Premis. Ops.			X	X	X		=		X	=
Prod./Comp. Ops			X	X	X		=		X	=
Premis. Ops.			X	X	X		=		X	=
Prod./Comp. Ops			X	X	X		=		X	=
Subcontracted Work (if applicable) - Subject to a \$50 MP							Subject to a \$50 MP			
Premis. Ops.	91581		X	X	X		=	C)	X	=
Prod./Comp. Ops	91581		X	X	X		=	C)	X	=
Flat Charge each				No. of add'l insds						
Additional Insured	49950	\$100		X						=
	OR	Blanket Additional Insured								
	49950	\$750								=

Flat charge

Property Damage Extension (GLS-55s)	96816	_____ \$5,000/\$25,000: \$75	_____ \$50,000/\$50,000 limits: \$200	=	
		_____ \$10,000/\$25,000: \$110	_____ \$100,000/\$100,000 limits: \$250		
		_____ \$25,000/\$25,000: \$125	_____ \$250,000/\$250,000 limits: \$500		
Lost Key Coverage (GLS-68s)		\$25,000 Limit of Liability			included

Total Premium, subject to minimum premium (H) \$ _____

INSPECTION REQUIREMENTS:

New Business Over \$2,500 premium
Renewals Over \$5,000 premium to be ordered every three years

(A) Class Codes Description:

- 91581** Contractors—subcontracted work—in connection with construction, reconstruction, erection or repair—not buildings
- 96816** Janitorial Services including products and completed operations. Products/Completed Operations are subject to the General Aggregate limit.
- 99303** Snowplowing including products and completed operations. Products/Completed Operations are subject to the General Aggregate limit.

(B) Rate:

At-limits rate from the program card.

(C) Increase in Aggregate Limit:

- To double the Aggregate to twice the Occurrence, up to \$1,000,000—charge 3%
- Apply the following to the \$1,000,000/\$1,000,000/\$1,000,000 rate:
- 1,000,000/2,000,000/2,000,000—charge 3%
- 1,000,000/3,000,000/3,000,000—charge 5%
- Apply the following to the \$2,000,000/\$2,000,000/\$2,000,000 rate:
- 2,000,000/3,000,000/3,000,000—charge 3%

(D) Fringe Cred. Mod.: Multiply all credits for applicable policy exclusions to obtain the total fringe credit modifier.

- CG2135 Medical Payments Exclusion _____ 0.99
- CG2137 Employees as additional insureds _____ 0.99
- CG2138 Personal Injury/Advertising Injury _____ 0.94
- CG2139 Contractual Liability Limitation** _____ **0.98 (mandatory)**
- CG2140 Advertising Liability _____ 0.98
- CG2145 Fire Damage _____ 0.99

Total Fringe Credit Mod.: _____

(E) A minimum 25% debit applies for insureds with 15% or more of their operations from floor stripping/waxing. (submit for approval). Credit program rate 5% if operations are bonded.

(F) **100% Residential Cleaning Modifier:** If operation is 100% residential, apply a 30% credit to the program rate.

(G) **Premium Basis:**

- s) Gross Sales—per \$1,000 (for 99303, use only snowplowing receipts)
- c) Contract Cost—per \$1,000
- u) Units —per each
- a) Area—per 1,000 square feet
- p) Payroll—per \$1,000
- m) Admissions—per 1,000 admissions

(H) Minimum Premium:

For \$1,000,000 Occurrence limit or less - \$500
 For \$2,000,000 Occurrence limit -\$1,250