



JANITORIAL CONTRACTOR SUPPLEMENTAL QUESTIONNAIRE

Named Insured/Applicant

Policy/Quote Number

Describe Insured's operation in detail

Insured's website address:

Types of Jobs:

Residential	%	Commercial	%
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Licenses and Jurisdictions:

License	Jurisdiction

Does insured perform any of the following operations?

Carpet Cleaning	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chimney Cleaning	<input type="checkbox"/> Yes <input type="checkbox"/> No
Furniture Cleaning	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fire restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No
Window Cleaning	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sand Blasting	<input type="checkbox"/> Yes <input type="checkbox"/> No
Upholstery Cleaning	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hazardous Waste	<input type="checkbox"/> Yes <input type="checkbox"/> No
Floor Waxing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Exterior Building Cleaning	<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe any additional operations/ services provided by the Insured:

Any work in excess of two stories? Yes No Describe "Yes"

How are the insured's employees supervised?

Description of the last three largest jobs:

Description of Job	Location	Date	Cost
			\$
			\$
			\$

GENERAL INFORMATION SECTION:

- Number of Employees: Full time Part Time
- Annual Payroll \$ Annual Receipts: \$
- Does the insured sign a written contract with its customers? (If yes, attach a sample copy) Yes No

SUBCONTRACTOR QUESTIONS

- Are subcontractors used? Yes No Cost of Subcontractors \$
- Does the insured sign a contract with the subcontractors? (Attach a sample copy) Yes No



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3. Subcontractor duties performed (two most recent jobs)

Table with 2 columns: Description, Cost. Includes rows for \$ and \$.

4. How are subcontractors and their work supervised?

5. Does the insured obtain Certificates of Insurance for: GL [] Yes [] No Workers Comp [] Yes [] No

6. Limits of insurance required from subcontractors: \$

7. Is the insured named as an additional insured and held harmless on the subcontractors GL policy? [] Yes [] No

8. Does the insured work as a subcontractor? [] Yes [] No

9. Does the insured sign a written contract when working as a subcontractor? (If yes, attach a copy) [] Yes [] No

MISCELLANEOUS INFORMATION

1. Does the insured perform any municipal work? [] Yes [] No

If yes, provide description.

2. Are separate payroll records maintained for multiple operations? [] Yes [] No

3. Is a formal Hazard Communication Program maintained? [] Yes [] No

4. Any repair, maintenance or installation services provided? [] Yes [] No

If yes, provide description.

5. Any extermination or pest control services offered? [] Yes [] No

If yes, please list and describe the chemicals.

6. Any high-pressure steam cleaning?

If yes, provide description.

7. Any smoke or water damage cleaning? [] Yes [] No

If yes, provide description.

8. Any retail operations? [] Yes [] No Receipts \$

9. Any wholesale operations? [] Yes [] No Receipts \$

10. Product brochure available? [] Yes [] No

If yes, attach a copy of product brochure or a list of products.

11. Does the insured perform any snowplowing or snow removal services? [] Yes [] No

If Yes, MU 7996 Snowplowing Questionnaire is required.

ATTACH A COPY OF THE INSURED'S STANDARD WRITTEN CONTRACT AND A COPY OF THE TWO MOST RECENT CUSTOMERS WRITTEN CONTRACTS.

Insured's Signature _____ Date _____

Agent Signature _____ Date _____