

Ashland General Agency, Inc. JANITORIAL SUPPLEMENT

(Complete in addition to the Acord General Liability Application)
(Answer **ALL** questions - if they do not apply, indicate not applicable)

NAME (include dba / Inc. / LLC) : _____

1. Business Description: _____
2. Number of years experience: _____ Number of years in business: _____ Currently: Full Time Part Time
3. Employee and Payroll information:

Employee Data	Number	Annual Payroll
Owner(s) only		\$
Employees excl. clerical: Full Time		\$
Part Time		\$
Total Annual Payroll	xxxxxxxxxxxxxxxxxxx	\$
xx	xxxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
Leased or Subcontracted	Number	Annual Cost
Leased Employees		
Independent Contractors * (Insured Subcontractors)		

*Do independents contractors provide you with certificates of insurance? yes no

4. **Annual** Receipts **estimated** for the next 12 months: \$ _____ **Annual Receipts for prior 12 months:** \$ _____

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

Indicated annual sales for each of the following industries serviced:

Operations for	Annual Sales	Operations for	Annual Sales
Aircraft	\$	Offices	\$
Apartments	\$	Private Residences	\$
Construction Make-Ready	\$	Retail Stores	\$
Conv./Grocery Stores	\$	Schools/Colleges/Universities	\$
Convention Halls	\$	Shopping Centers & Malls	\$
Crime Scene Cleanup	\$	Sports Complexes	\$
Department Stores	\$	Transportation Terminals	\$
Hospitals.Conv. Homes	\$	Theaters	\$
Hotels	\$	Other (describe):	\$
Total Annual Sales			\$

5. Type of Operations Performed: (Show payroll for each operation the insured performs)

Operation	Payroll	Operation	Payroll
Carpentry	\$	Landscaping / plant or shrub serv.	\$
Carpet/Upholstery Cleaning	\$	Machinery/Equip. clean/degreasing	\$
Construction Cleanup - Interior	\$	Painting	\$
Construction Cleanup - exterior	\$	Pressure Washing	\$
Consulting	\$	Recycling	\$
Equipment Rental	\$	Restaurant Hood Cleaning	\$
Floor Waxing / Stripping	\$	Window/Screen/Skylight Cleaning	\$
Janitorial - General Services	\$	Other (describe):	\$
Total Annual Payroll			\$

6. Does the applicant:
 - a. Perform services when establishment is open for business? yes no
 - b. Require employees to have their own insurance and provide evidence? yes no
7. Window Cleaning: yes no

If yes: a. Maximum number of stories: _____

b. Is scaffolding/rigging used?..... yes no

If yes, it is owned rented
8. Are your employees bonded? yes no

If yes, effective date of coverage: _____

This supplemental application does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. 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 Signature Print Signee Date Producer's Signature