



JANITORIAL WORKERS COMPENSATION SUPPLEMENTAL

EFFECTIVE DATE:	NAMED INSURED:	DBA:
ADDRESS:	CITY:	STATE: ZIP:
WEBSITE ADDRESS:	YEARS IN BUSINESS?	YEARS OF RELATED EXPERIENCE?
ANNUAL REVENUE \$	AGENCY:	PRODUCER:

EMPLOYEES		
FULL TIME EMPLOYEES	PART TIME EMPLOYEES	1099 EMPLOYEES

EMPLOYEE SELECTION PROCEDURES			
WRITTEN APPLICATION	<input type="radio"/> YES <input type="radio"/> NO	PRE-HIRE PHYSICAL	<input type="radio"/> YES <input type="radio"/> NO
INTERVIEW	<input type="radio"/> YES <input type="radio"/> NO	REFERENCE CHECKS	<input type="radio"/> YES <input type="radio"/> NO
DRUG TEST	<input type="radio"/> YES <input type="radio"/> NO	MVR REVIEW	<input type="radio"/> YES <input type="radio"/> NO
IS SICK TIME PROVIDED?	<input type="radio"/> YES <input type="radio"/> NO	IS VACATION TIME PROVIDED?	<input type="radio"/> YES <input type="radio"/> NO
ARE MEDICAL BENEFITS PROVIDED?	<input type="radio"/> YES <input type="radio"/> NO	% ANNUAL EMPLOYEE TURNOVER?	%

% OF WORK								
RESIDENTIAL:	%	COMMERCIAL:	%	INDUSTRIAL:	%	INSTITUTIONAL:	%	OTHER:

WORK PERFORMED BY EMPLOYEES? PLEASE CHECK THOSE THAT APPLY:		
<input type="checkbox"/> EXTERIOR WINDOW WASHING (ABOVE GROUND)	<input type="checkbox"/> SWEEPING PARKING LOTS	<input type="checkbox"/> FLOOR WAXING
<input type="checkbox"/> PRESSURE WASHING (OVER 3000 PSI)	<input type="checkbox"/> EXTERIOR WALL/ROOF WASHING	<input type="checkbox"/> CONSTRUCTION SITE CLEAN-UP
<input type="checkbox"/> HAZARDOUS MATERIAL REMOVAL/CLEAN-UP	<input type="checkbox"/> DOCTOR'S OFFICE/MEDICAL JANITORIAL	<input type="checkbox"/> FORECLOSED PROPERTIES

COMPANY VEHICLES (IF MORE THAN 4 VEHICLES, PLEASE PROVIDE VEHICLE LIST AND DRIVERS MVRS.)		
# OF COMPANY VEHICLES	# OF DRIVERS	RADIUS OF OPERATIONS
HOW MANY EMPLOYEES TRAVEL IN THE SAME VEHICLE?		

PLEASE COMPLETE ALL OF THE FOLLOWING	
DO YOU HAVE A FORMAL SAFETY PROGRAM?	<input type="radio"/> YES <input type="radio"/> NO
DOCUMENTED SAFETY MEETINGS WITH ALL EMPLOYEES? HOW OFTEN?	<input type="radio"/> YES <input type="radio"/> NO
IS THERE AN EMPLOYEE TRAINING PROGRAM? WHAT TYPE OF TRAINING IS PROVIDED?	<input type="radio"/> YES <input type="radio"/> NO
IS THERE A SAFETY INCENTIVE PROGRAM?	<input type="radio"/> YES <input type="radio"/> NO
ARE EMPLOYEES PROVIDED WITH PERSONAL PROTECTIVE EQUIPMENT? WHAT TYPE?	<input type="radio"/> YES <input type="radio"/> NO
IS THE INSURED COMMITTED TO AN EARLY RETURN TO WORK PROGRAM?	<input type="radio"/> YES <input type="radio"/> NO

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT. In DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

AUTHORIZED REPRESENTATIVE:	
SIGNATURE :	DATE: