



## JANITORIAL & BUILDING MAINTENANCE INSURANCE PROGRAM

- ✓ National A Rated Company
- ✓ Preferred Rate Plan
- ✓ 24/7 Claims Service
- ✓ Monthly Payment Plan

Producer:

### APPLICANT INFORMATION

<b>APPLICANT'S NAME</b> (include all firm names, trading names or DBA's under which you operate)		
Mailing Address		
City	State	Zip Code
Physical Address (If Different)		
Applicant is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC		Years In Business
Business Phone:	Cell Phone:	FAX
Email:	Website:	FEIN/SSAN # _____
Effective Date: ____ / ____ / ____		Payment: <input type="checkbox"/> Annual <input type="checkbox"/> Monthly Installments
Number Full Time Employees: _____	Number Part Time Employees: _____	Payroll \$ _____
Number of losses in past 3 years: _____	Prior Insurance Company: _____	
Percentage of Work: Residential _____ %	Commercial _____ %	Annual Sales \$ _____

### GENERAL INFORMATION

- |  |  |
|--|--|
| 1. Have you had any policies or coverage cancelled, declined or non-renewed in the past 3 years other than a carrier withdrawing from a class of business? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Do you own any other properties or business operations under this legal entity?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. Have any operations been sold, acquired or discontinued in the past 5 years?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. Any bankruptcies, tax or credit liens in the past 5 years?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. Are you a member of International Janitorial Cleaning Services Assn?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |

**LIABILITY SECTION**

**Complete this section for Liability Coverage**

**Desired Limit and Deductible**

**A. Limits of Liability (each claim/annual aggregate)**

- \$100,000/\$200,000     \$1,000,000/\$2,000,000  
 \$300,000/\$600,000     \$2,000,000/\$3,000,000  
 \$500,000/\$1,000,000

**B. Deductible (per claim)**

- \$0 (Zero)     \$250     \$500

1. Do you use subcontractors?  YES     NO
- a. If YES amount paid to subcontractors in the prior year:                      Annual Subcontractor Payments \$ \_\_\_\_\_
- b. Do you obtain and keep a file of General Liability Insurance Certificates from all subcontractors?  YES     NO
- c. Are subcontractors required to name you as additional insured?  YES     NO
2. Do you rent or lease your equipment to others?  YES     NO
3. Do operations involve exterior building work over 3 stories?  YES     NO
4. Do you work at commercial airports or governmental buildings?  YES     NO
5. Do you or your sub-contractors remove and asbestos or asbestos products?  YES     NO
6. Do any of your operations include blasting or utilize explosive materials?  YES     NO
7. Do over 50% of employees use their own vehicles in the business?  YES     NO
8. Do you use any products of your own manufacture?  YES     NO
9. Have you ever been cited for an OSHA violation in the last 3 years?  YES     NO
10. Do you have knowledge of any pre-existing act or omission that may give rise to a future claim?  YES     NO
11. Any commercial cooking equipment hood and duct cleaning?  YES     NO
12. Do you work at commercial buildings during non-business hours only?  YES     NO
13. Do you perform floor waxing?  YES     NO
- a. If Yes, What percentage of total operations? \_\_\_\_\_ %

Certificate Holder /  Additional Insured

NAME		
Mailing Address		
City	State	Zip Code

Certificate Holder /  Additional Insured

NAME		
Mailing Address		
City	State	Zip Code

**PROPERTY SECTION**

Complete this section for Building, Equipment or Office Contents Coverage

**BUILDING**

Property Address (if different from mailing)

Building Replacement Value \$ \_\_\_\_\_ (If coverage for building is desired)

Deductible:  \$500  \$1,000  \$2,500  \$5,000 Protection Class \_\_\_\_\_

Building Square Footage \_\_\_\_\_ Square Footage You Occupy \_\_\_\_\_

Age of Building \_\_\_\_\_ Number of Stories \_\_\_\_\_ Type of Construction  Frame  Masonry  Incombustible

Sprinklered?  YES  NO Monitored Alarm System?  YES  NO

Is distance to responding fire station less than 5 miles?  YES  NO

Is property within 1000 ft of commercially navigable body of water?  YES  NO

**PERSONAL PROPERTY**

1. Office Contents \$ \_\_\_\_\_ Replacement Cost?  YES  NO

2. Scheduled Equipment \$ \_\_\_\_\_ Replacement Cost?  YES  NO

3. Unscheduled Equipment \$ \_\_\_\_\_ Replacement Cost?  YES  NO

4. Short Term Equipment Rental \$ \_\_\_\_\_

Deductible:  \$500  \$1,000

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT THERETO, COMMITS FRAUD, WHICH IS A CRIME. IN SOME JURISDICTIONS, SUCH CRIME SHALL ALSO BE SUBJECT TO SUBSTANTIAL CIVIL PENALTIES.**

**SIGNATURE AND AGREEMENTS**

The undersigned represents that all statements and answers to questions are true, complete and accurate and that there has been no suppression or misstatement of fact. The undersigned agrees that any policy issued will rely on the truth of the statements and representations made on the application and that misrepresentations that are fraudulent, or such that the Company would not have issued the policy if the true facts had been known, may result in a denial of coverage for any claim which may be made under this insurance (if issued). The undersigned hereby authorizes Allen Financial Insurance Group and it's Companies to use the information contained in this application and in their files for the purpose of underwriting this insurance.

**NOTE: THE APPLICATION MUST BE SIGNED BY AN ACTIVE OWNER, PARTNER OR EXECUTIVE OFFICER.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

FAX OR EMAIL THIS APPLICATION TO:

**Allen Financial Insurance Group 12424 N. 32<sup>nd</sup> St #101 Phoenix, AZ 85032  
800-874-9191 FAX 602-992-8327 <mailto:jpallante@eggroup.com>**