

- Western World Insurance Company
- Tudor Insurance Company
- Stratford Insurance Company

Application  
For  
**Janitorial Services**  
**General Liability**

1. Name of Applicant \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Applicant's Web Site Address \_\_\_\_\_

2.  Individual  Corporation  Partnership  Other (Explain) \_\_\_\_\_

3. List full names of individuals or partners and their interests: \_\_\_\_\_  
 \_\_\_\_\_

4. Location of premises/operations:  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

5. Areas of operations (States): \_\_\_\_\_  
 5a. Number of years in business: \_\_\_\_\_

6. Prior Insurance/Loss Information:

Insurance Company	Policy Period	Limits of Liability	Premium	# Claims/Amounts

6a. Description of prior claims: \_\_\_\_\_  
 \_\_\_\_\_

7. Proposed Effective Dates: From \_\_\_\_\_ To \_\_\_\_\_

8. Limits Of Insurance Requested:

- 100,000/200,000  300,000/600,000  500,000/1,000,000  1,000,000/2,000,000

9. Projected Annual Payroll: \$ \_\_\_\_\_  
 Projected Annual Gross Sales: \$ \_\_\_\_\_  
 Number of Employees: \_\_\_\_\_

10. Descriptions of Exposures:

Office Cleaning \_\_\_\_\_ % Residential/Apartments \_\_\_\_\_ % Commercial \_\_\_\_\_ %  
 Restaurants \_\_\_\_\_ % Other \_\_\_\_\_ %

Describe: \_\_\_\_\_

11. Does Applicant:

- Clean or inspect hoods/ducts?  Yes  No
- Handle any hazardous material or infectious waste?  Yes  No
- Work in bus, train or airport terminal or on bus, train or aircraft?  Yes  No
- Work in manufacturing facilities?  Yes  No
- Treat or remove ice/snow?  Yes  No
- Any clean up of crime scenes?  Yes  No
- Do restoration work involving water damage, fire damage or mold?  Yes  No
- Do landscaping/lawn maintenance?  Yes  No
- Wash windows?  Yes  No
- Wash windows over three stories?  Yes  No
- Do carpet cleaning?  Yes  No
- Do clean up at construction site?  Yes  No
- Do floor waxing?  Yes  No
- Sell any products under own name/label?  Yes  No
- Clean nursing homes or geriatric facilities?  Yes  No

**If "YES" to any question above, give details and gross sales:**

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12.

Additional Insureds	Interests	Do they require certificates?

13. Optional Coverages:

- |  |   |
|--|---|
| Care/Custody/Control Limit (5k/5k – INCLUDED) <input type="checkbox"/><br>Limit 10k/25k <input type="checkbox"/><br>Limit 50k/50k <input type="checkbox"/><br>Limit 100k/100k <input type="checkbox"/><br>Limit 250k/250k <input type="checkbox"/> | Lost Key Coverage Limit (5k/5k INCLUDED) <input type="checkbox"/><br>Limit 10k/25k <input type="checkbox"/><br>Limit 25k/25k <input type="checkbox"/> |
|--|---|

Equipment floater      Limit \_\_\_\_\_ (not greater than 10k, with \$500 deductible)

14. Subcontractors used?  Yes  No      Cost: \$ \_\_\_\_\_

Do all subs provide Certificates of Insurance?  Yes  No

Limits required of your subcontractors (must be equal to or greater than policy limits) \$ \_\_\_\_\_

Name you as Additional Insured  Yes  No

Hold you harmless in contract?  Yes  No

Does the insured keep copies of all required certificates?  Yes  No

How long are they kept? \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Producing Agent: \_\_\_\_\_