



APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

GENERAL

1. Name: _____ Website: _____

2. Address: _____

3. Is Applicant: Sole Owner/Operator Partnership Corporation

4. Number of: Owners _____ Full Time Employees _____ Part Time Employees _____

5. Number of Years in Business? _____

6. Annual Payroll: _____ Annual Receipts _____

7. What Percentage of Applicants total work involves Floor Waxing? _____%

8. Does Applicant:

- a. Percentage of Floor Waxing is over 50% or greater... Decline Eligible
b. Have over \$1,000,000 in Annual Sales?... Decline Eligible
c. Have over 30 Employees?... Decline Eligible
d. Perform services at other than Mercantile, Office or Residential properties?... Decline Eligible
e. Perform services at Mercantile or Office premises when they are open for business?... Decline Eligible
f. Perform services in health care or assisted living facilities?... Decline Eligible
g. Handle any Hazardous Material or Infectious Waste?... Decline Eligible
h. Work in Bus, Train or Airport Terminals or on Buses, Trains or Aircrafts?... Decline Eligible
i. Work in Industrial Facilities?... Decline Eligible
j. Provide any Treatment or Removal of Ice or Snow?... Decline Eligible
k. Provide any exterior work in excess of 4 stories? (i.e. Window Washing)... Decline Eligible
l. Sell any products under their own Name or Label?... Decline Eligible
m. Any operations involving Hood/Duct Cleaning, Water Removal/Extraction, Security Operations, Insurance Claim Response or Mold Remediation?... Decline Eligible
n. Other than those covered in m above, are there any additional operations other than Janitorial Services? (complete question #9)... Submit Eligible
o. Any losses in the past 3 years?... Submit Eligible

9. Additional operations? (submit item from n. above):

- Landscaping Window Washing Carpet Cleaning Lawn Maintenance
 Other _____

Describe the extent of these operations, the projects that have included them, and the annual sales generated by them

HISTORY

10. Name of Previous Insurer: _____ Limits: _____ Premium: _____

11. Has previous Insurer refused to Renew or Cancelled Coverage? Yes No If Yes, describe: _____

12. Loss information for the past 3 years:

Table with 4 columns: Year, # of Claims, Incurred Amounts, Descriptions

COVERAGE

13. Limits of Insurance Requested:

General Liability: 100/200 300/600 500/1MM 1MM/2MM

14. Additional Coverages:

Included

Contractor's Equipment Floater	\$10,000	Blanket Limit	\$500 deductible
	\$2,500	Any One Item	
Rental Reimbursement	\$250	Per Day	
	\$5,000	Any One Loss	
Lost Key	\$25,000	Limit	
Property Damage Extention	\$5,000	Each Occurrence	
	\$25,000	Aggregate	

Optional

Non Owned Auto \$50,000/\$100,000 \$100,000/\$300,000 \$250,000/\$500,000 \$500,000/\$1,000,000

*(Per Occurrence Limit must be equal to or less than CGL Occurrence Limit)

Does Applicant:

- a. require employees to have their own automobile insurance? Yes No
- b. required evidence of insurance? Yes No

(If No to either of the above questions, risk is not eligible for Non-Owned Automobile coverage.)

Independent Contractors (Limits same as General Liability)

Does Applicant hire Subcontractors? Yes No

If Yes, describe operations and estimated cost of hire for each: \$ _____

Description _____

COMMERCIAL UMBRELLA

Our Gold CUP product provides authority for this class of business with limits available up to \$5,000,000. It can be accessed via the Internet without On-Line quoting systems, or alternatively a paper EZ-Rater product is available. If you would like additional information on how to quote Commercial Umbrella, or to obtain a User ID and password, please contact your Underwriter.

FRAUD STATEMENT: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

THE STATE OF NEW YORK REQUIRES THAT WE HAVE THE NAME AND ADDRESS OF YOUR (INSURED'S) AUTHORIZED AGENT OR BROKER.
 NAME OF AUTHORIZED AGENT OR BROKER: _____
 ADDRESS: _____
 MAIL COMPLETED
 APPLICATION THROUGH
 LOCAL AGENT OR BROKER TO:

WARRANTIES: I/we warrant that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should the company evidence its acceptance of this application by issuance of a policy. I/we agree that such policy shall be null and void if such information is false or misleading in any way as this would materially affect acceptance of a risk by the Company. I/we hereby authorize release of claim information from any insurers or their general agent.

Signature of Applicant* _____ Title _____ Date _____
 (Must be Owner, Officer or Partner) (Required) (Required)

*SIGNING THIS APPLICATION DOES NOT REQUIRE THE INSURER TO ISSUE A POLICY OF INSURANCE OR REQUIRE THE APPLICANT TO ACCEPT THE INSURANCE OFFERED