

Scottsdale Insurance Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 18700 N Hayden Road
 Scottsdale, Arizona 85255

Scottsdale Surplus Lines Insurance Company
 Adm. Office: 18700 N Hayden Road
 Scottsdale, Arizona 85255

Scottsdale Indemnity Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 18700 N Hayden Road
 Scottsdale, Arizona 85255

JANITORIAL PROGRAM GENERAL LIABILITY SUPPLEMENTAL APPLICATION

(Complete in addition to the ACORD General Liability Application)

Applicant's Name: _____

 Location Address: _____

Agency Name: _____
 Agent No.: _____
 Phone No.: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

1. **Description of operations:** _____

2. **How long has applicant been in business?** _____ Full-time Part-time

3. **Has the applicant had continuous liability coverage for at least three years?**..... Yes No

4. **States/Areas of operation:** _____

5. **Is there any current or future work planned in the state of New York?** Yes No

If yes:

Do New York Operations exceed fifty percent (50%) of the total receipts/sales?..... Yes No

Are any operations in New York City, defined as the boroughs of The Bronx, Brooklyn, Manhattan, Queens or Staten Island?..... Yes No

6. **Does applicant have any other business ventures for which coverage is not requested?**..... Yes No

7. **Work performed is:** Commercial: _____% Industrial: _____% Residential: _____%

8. **Property Damage Extension limits (GLS-55s):** (Cannot exceed General Liability Limits.)

- | | |
|---|---|
| <input type="checkbox"/> \$5,000 Occurrence/\$25,000 Aggregate | <input type="checkbox"/> \$50,000 Occurrence/\$50,000 Aggregate |
| <input type="checkbox"/> \$10,000 Occurrence/\$25,000 Aggregate | <input type="checkbox"/> \$100,000 Occurrence/\$100,000 Aggregate |
| <input type="checkbox"/> \$25,000 Occurrence/\$25,000 Aggregate | <input type="checkbox"/> \$250,000 Occurrence/\$250,000 Aggregate |

9. Employee Data	Number	Annual Payroll	Leased/Subcontracted	Number	Annual Cost
Owner(s) only		\$	Leased Employees		\$
Employees excluding clerical:			Independent Contractors*		\$
Full-Time		\$	(*Include cost of uninsured subcontractors as employee payroll)		
Part-Time		\$			



10. Does applicant use subcontractors? Yes No

If yes:

Type of work subcontracted: _____

Annual subcontract cost: _____

Are Certificates of Insurance naming insured as additional insured obtained? Yes No

Do subcontractors provide a written contract containing a hold-harmless agreement in favor of the insured? Yes No

Are subcontractor limits equal to or greater than our policy limits, or a minimum \$1,000,000 each Occurrence/\$2,000,000 Aggregate? Yes No

11. Indicate annual sales for each of the following serviced:

Operations for	Annual Sales	Operations for	Annual Sales
Aircraft	\$	Industrial	\$
Apartments	\$	Offices	\$
Bridges	\$	Offshore Oil Rigs	\$
Cleanrooms	\$	Private Residences	\$
Construction Make Ready	\$	Retail Stores	\$
Convalescent/Nursing Homes and Assisted Living Facilities	\$	Schools/Colleges/Universities	\$
Convenience/Grocery Stores and Supermarkets	\$	Ship Hulls	\$
Convention Halls/Centers	\$	Shopping Centers and Malls	\$
Crime Scene Cleanup	\$	Sports Arenas or Complexes	\$
Department/Discount Stores	\$	Tanks or Drums Transportation Terminals	\$
Hazardous Material Cleanup	\$	Transportation Terminals	\$
Hospitals	\$	Theaters	\$
Hotels	\$	Other (describe):	\$
Total Annual Sales			\$

12. Indicate payroll and sales for each operation performed:

Operation	Payroll	Sales
Appliance loading, unloading or installation	\$	\$
Carpentry	\$	\$
Carpet/Upholstery Cleaning	\$	\$
Construction Cleanup <input type="checkbox"/> Interior <input type="checkbox"/> Exterior	\$	\$
Consulting	\$	\$
Equipment Rental	\$	\$
Fire/Water Restoration	\$	\$
Floor Stripping/Waxing	\$	\$
Janitorial—General Services	\$	\$
Janitorial Supply Retail/Wholesale	\$	\$
Landscaping/Plant or Shrub Servicing	\$	\$
Machinery/Equip. Clean/Degreasing	\$	\$
Meth Lab Cleanup	\$	\$
Mold or Spore Remediation	\$	\$
Painting	\$	\$
Packing, loading or unloading operations	\$	\$
Pressure Cleaning	\$	\$
Recycling	\$	\$
Restaurant Vent Hood Cleaning	\$	\$
Sandblasting	\$	\$
Sanitizing medical equipment or instruments	\$	\$
Security	\$	\$
Snow Removal	\$	\$
Window/Screen/Skylight Cleaning	\$	\$
Other (describe):	\$	\$

13. Exterior window cleaning:

Maximum number of stories:

Scaffolding/rigging: Rented Owned None

14. Any exterior work over four stories?..... Yes No

15. Provide a brief description of any hazardous waste handled, storage of combustible material and recyclables handled: _____

16. Are applicant's employees bonded? Yes No

If yes, effective date of coverage: _____

17. Does applicant engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?..... Yes No

If yes, describe: _____

18. Does applicant have other business ventures for which coverage is not requested?..... Yes No

If yes, explain and advise where insured: _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: 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 subjects such person to criminal and civil penalties. (Not applicable in AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, MN, NE, NJ, NY, OH, OK, OR, RI, TN, VA, VT, or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO CALIFORNIA APPLICANTS. For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

FRAUD WARNING (APPLICABLE IN ARKANSAS, LOUISIANA AND RHODE ISLAND): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NEW YORK FRAUD WARNING: 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.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying.

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____