

JANITORIAL SERVICES QUESTIONNAIRE

Named Insured: _____

Contractors License Number (If Any): _____ Class: _____

Years in Business: _____ Years of Experience: _____

Number of Employees: _____ Annual Payroll: _____

Annual Receipts _____ Amount Paid to Subs: _____

Please Indicate if the Insured Performs Any of the Following Operations:

- | | |
|---------------------------------|----------------|
| Carpet Cleaning? | Yes ___ No ___ |
| Floor Waxing? | Yes ___ No ___ |
| Window Cleaning? | Yes ___ No ___ |
| Pressure Washing? | Yes ___ No ___ |
| Landscaping? | Yes ___ No ___ |
| Mold Remediation? | Yes ___ No ___ |
| Flood Restoration? | Yes ___ No ___ |
| Maintenance or Repair Work? | Yes ___ No ___ |
| Changing of Street Light Bulbs? | Yes ___ No ___ |
| Hazardous materials removal? | Yes ___ No ___ |
| Biohazard materials removal? | Yes ___ No ___ |
| Industrial Buildings Cleaning? | Yes ___ No ___ |

Please explain any "yes" answers including percentage of work in those areas:

Is the Insured Bonded? Yes ___ No ___

Is the Insured Involved in the Manufacturing, Mixing, Blending, Bottling, Rebottling or Selling of Any Cleaning Products? (explain below) Yes ___ No ___

If Requesting Non-owned/Hired Automobile Coverage:

Do You Operate a Fleet of Commercial Vehicles In Your Business? Yes ___ No ___

Are Those Vehicles Insured Currently? (explain below) Yes ___ No ___

Do Employees Use Their Own Vehicles For Business? Yes ___ No ___

If Yes, Do You Verify That They Have Insurance Coverage On Their Vehicle(s) Yes ___ No ___

Explanations/Comments: _____

Insured Signature: _____

Date: _____