



SCOTTSDALE INSURANCE COMPANY®

Home Office: One Nationwide Plaza • Columbus, Ohio 43215
Administrative Office: 8877 North Gainey Center Drive • Scottsdale, Arizona 85258
1-800-423-7675 • Fax (480) 483-6752

Janitorial Program Supplemental Application

(Complete in addition to ACORD General Liability Application)

Name of Applicant: _____

1. How long have you been in business? _____ Currently: Full-time Part-time

2. Mix of business: Commercial _____% Industrial _____% Residential _____%

3. Property Damage Extension (see limit options on back): \$ _____ Occurrence
(coverage option selected, if limits are indicated) \$ _____ Aggregate

Table with 3 columns: Employee Data, Number, Annual Payroll. Rows include Owner(s) only, Employees excl. clerical: Full Time, Part Time.

Table with 3 columns: Leased or Subcontracted, Number, Annual Cost. Rows include Leased employees, Independent Contractors*.

*Do independents provide you with certificates of insurance? Yes No

5. Indicate annual sales for each of following industries serviced:

Table with 4 columns: Operations for, Annual Sales, Operations for, Annual Sales. Lists various industries like Aircraft, Apartments, Construction, etc., with sales amounts.

6. Type of Operations Performed: (Show sales figures for bolded operations)

Operation	Payroll/Sales	Operation	Payroll/Sales
Carpentry	\$	Painting	\$
Carpet/Upholstery Cleaning	\$	Pressure Washing	\$
Construction Cleanup θ Interior θ Exterior	\$	Recycling	\$
Consulting	\$	<i>Sandblasting</i>	\$
Equipment Rental	\$	Security	\$
Floor Stripping/Waxing	\$	Snowplowing	\$
Janitorial—General Services	\$	<i>Restaurant Hood Cleaning</i>	\$
Janitorial Supply Retail/Wholesale	\$	Window/Screen/Skylight Cleaning	\$
Landscaping/plant or shrub servicing	\$	Other (describe)	\$
Machinery/Equip. clean/degreasing	\$		\$

7. Window Cleaning:

Maximum number of stories: _____

Scaffolding/rigging, if any: θ Rented θ Owned

8. Please provide a brief description of any hazardous waste handled, storage of combustible material, and recyclables handled: _____

9. Are your employees bonded? θ Yes θ No

If yes, effective date of coverage: _____

APPLICABLE IN THE STATE OF NEW YORK:

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.

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.

PRODUCER'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only.)