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METCOM EXCESS
Managing General Agents Insurance Wholesalers

# JANITORIAL SERVICES APPLICATION

All Questions Must Be Answered and Application Must Be Signed By Applicant

**GENERAL**

1. Applicant's Name: _____
2. Address: _____
3. Name and Phone Number for Inspection: _____
4. Name and Phone Number for Audit: _____
5. Applicant is: ☐ Sole Owners/Operator ☐ Partnership ☐ Corporation
6. Number of Years in Business: _____
7. Annual Payroll: _____ Annual Receipts: _____
8. Number of: Full Time Employees: _____ Part Time Employees: _____ Owners/Executive Officers: _____
9. Does the Applicant hire Subcontractors? ☐ Yes ☐ No
   If 'Yes', describe operations and estimated cost of hire of each: _____
10. What percentage of Applicant's total work involves Floor Waxing? _____
11. Does Applicant:
    a. Perform Services when establishment is open for business? ☐ Yes ☐ No
    b. Perform services in other than Mercantile, Office and Residential Facilities? ☐ Yes ☐ No
    c. Work in Airport Terminals or on Aircraft? ☐ Yes ☐ No
    d. Work in Medical Facilities including Convalescent Homes, Clinics and Hospitals? ☐ Yes ☐ No
    e. Provide Ice and Snow Removal or Treatment? ☐ Yes ☐ No
    f. Require Employees to have their own insurance? ☐ Yes ☐ No
    g. Require evidence of insurance? ☐ Yes ☐ No

**HISTORY**

12. Name of Previous Insurer: _____ Limits: _____ Premium:$ _____
13. Has Previous Insurer refused to Renew or Cancelled Coverage? ☐ Yes ☐ No
    If 'Yes', describe: _____
14. Please provide Loss History for the last five years: _____

**COVERAGE**

15. Limits of Insurance Requested:
    ☐ General Liability: ☐ 100,000/200,000 ☐ 300,000/600,000 ☐ 500,000/1,000,000 ☐ 1,000,000/2,000,000
    ☐ Property _____
    ☐ Independent Contractors (Limits are same as General Liability)

| Applicant's Signature | Date | Agent's Signature | Date |
|---|---|---|---|