

WELLINGTON SPECIALTY INSURANCE COMPANY

JANITORIAL SERVICES SUPPLEMENTAL APPLICATION



Wellington
Specialty
Insurance Company

(Complete in addition to an ACORD application)

Agent Name: _____

Agent Address: _____

Applicant's Name: _____

Mailing Address: _____

Location Address: _____

Name and Phone Number for Audit: _____

GENERAL QUESTIONS

Corporation Individual Joint Venture Partnership Other Type _____

1. Business Description: _____

2. Number of Years in Business: _____

3. Annual Payroll: _____ Annual Receipts _____

4. Number of Full Time Employees: _____ Part Time Employees: _____ Owners/Executive Officers: _____

5. Does the Applicant hire Subcontractors? _____

If 'Yes', describe operations and estimated cost of hire of each: _____

6. What percentage of applicant's total work involves floor waxing? _____ %

7. Does the 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

8. Please provide loss history for the last three years:

COVERAGE

9. 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: _____

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

Signed: _____ Date: _____

(Applicant's Signature and Title)