



CARRIER:

United States Liability Insurance Company

Janitorial Services Product Application

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I - INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past three years. If there is loss history, please complete the entire application.

Applicant's name (include Legal Entity and/or DBA name): _____

Mailing address: _____

City: _____ Province/Territory: _____ Postal code: _____

Location address: _____

City: _____ Province/Territory: _____ Postal code: _____

Web address: _____ E-mail address: _____ Phone: _____

Audit contact name: _____ E-mail address: _____ Phone: _____

Inspection contact name: _____ E-mail address: _____ Phone: _____

Form of business: Individual Corporation Partnership LLC Trust Other _____

Description of Operations:

- 1. What year did the business start? _____
- 2. How many years at the current location? _____
- 3. Will any residences be cleaned during the policy term? Yes No
- 4. Will any offices, office buildings or common areas of apartments, townhomes, condos/stratas, multi-family dwellings be cleaned during the policy term? Yes No
- 5. Will any mercantile locations (including retail stores, restaurants, theaters, arcades or banks) be cleaned during the policy term? Yes No
If "Yes," will work be performed at mercantile locations when they are open for business or accessible to the general public? Yes No
- 6. Will any other commercial buildings be cleaned during the policy term? Yes No

Liability Coverage:

- 7. Requested Occurrence Limit: \$1,000,000/\$2,000,000 \$2,000,000/\$2,000,000 \$2,000,000/\$5,000,000
 \$3,000,000/\$3,000,000 \$4,000,000/\$4,000,000 \$5,000,000/\$5,000,000
- 8. Number of janitorial workers: (include owner, employees and those whose wages are reported on T4A)
 - a. Full-time workers _____ (full time is considered 30 hours or more per week)
 - b. Part-time workers _____ (part time is considered 29 hours or less per week)
- 9. What are the projected total annual receipts? \$ _____
- 10. Are independent contractors or freelancers utilized? Yes No
If "Yes," what are the projected total annual costs? \$ _____

Optional Coverages:

- 11. Add **Independent Contractors** coverage? Yes No
- 12. Add **Property Damage Extension**? (each occurrence \$5,000, aggregate \$25,000) Yes No
- 13. Add **Employee Theft of Customer's Property**? Yes No
If "Yes," what is the limit requested? \$ _____ (limits available in increments of \$5,000, up to \$100,000)
- 14. Add **Blanket Additional Insured** coverage? Yes No
- 15. Add **Inland Marine** coverage for equipment, lost keys and rental reimbursement? Yes No

Includes:	<u>Contractor's Equipment Floater</u>	<u>Rental Reimbursement</u>	<u>Lost Key Coverage</u>
	Blanket limit \$10,000	Per day \$250	Limit \$25,000
	Any one item \$2,500	Any one loss \$5,000	
	Deductible \$500		

16. Add "Waiver of Transfer of Rights of Recovery Against Others to Us"? Yes No
 If "Yes," how many people or organizations need "Waiver of Transfer of Rights of Recovery Against Other to Us"? _____

II. LOSS INFORMATION FOR THE PAST THREE YEARS

17. Have there been any general liability and/or assault and battery losses in the last three years? Yes No
 If "Yes," provide the following information on each claim:

Coverage Type	Assault/Battery?	Date of Loss	Description and measures in place to prevent future incidents	Paid	Reserved	Status
<input type="checkbox"/> Property <input type="checkbox"/> Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

Please provide additional claims or information on separate sheet

III. ELIGIBILITY CRITERIA

18. Are more than 50 percent of sales generated from operations involving landscaping, lawn maintenance, carpet cleaning, interior painting and window cleaning (combined)? Yes No
19. Are more than 50 percent of the total operations dedicated to floor waxing? Yes No
20. Are there any operations involving insurance claim response, water removal/extraction, mold remediation, hood/duct cleaning, pressure washing or security? Yes No
21. Are there any operations that include "handyman" services, such as electrical, plumbing or carpentry? Yes No
22. Are there any operations that include the handling of infectious waste or hazardous material? Yes No
23. Are there any operations within auto repair shops, car washes, machine shops, warehouses, manufacturing or industrial facilities (other than cleaning offices within such locations), hotels, college dormitories or schools? Yes No
24. Are there any past, pending or planned foreclosure and/or bankruptcy or judgment for unpaid taxes against the named insured or any officer, partner, member or owner, individually within the past five years? Yes No
25. Do any operations involve construction debris removal? Yes No
26. Do any operations involve street cleaning requiring the use of heavy equipment? Yes No
27. Do operations include cleaning of locations (other than personal residences) open 24 hours per day? Yes No
28. Has insurance coverage been cancelled or non-renewed in the past three years? Yes No
29. Is the annual cost for subcontractors more than 25 percent of the total annual receipts? Yes No
30. Are there any operations past, present or future in Quebec, New Brunswick, Nunavut and Northwest Territory? Yes No

FULL DISCLOSURE

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that if I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.

Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

PERSONAL INFORMATION CONSENT

I am providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following:

- i) To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's and the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information.
- ii) That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess, manage and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law.

I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on their behalf.

I may obtain a copy of or ask questions about my broker's, agent's or insurer's personal information policies by contacting their Chief Compliance Officer.

Applicant's Signature: _____ Title: _____
(Principal, Partner or Officer)

Print name: _____ Date: _____

If your province/territory requires a countersignature from your authorized retail agent or broker, please provide below.

Agency name: _____ Agent's signature: _____
(Required in Prince Edward Island and Saskatchewan)