



GLOBAL FINANCIAL ASSOCIATION

Fax Transmittal Form

To
Name:
Organization Name/Dept:
CC:
Phone number:
Fax number:

From
Paul Bernstein
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Urgent
For Review
Please Comment
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**Global Financial
Association**

www.ebusinessinsurance.net

**1.877.287.4325
(F)866-619-0128**

Atlantic Casualty Insurance Company

A member of the Strickland Insurance Group, Inc.

Janitorial Services Product

JANITORIAL SERVICES PRODUCT WARRANTY APPLICATION

Please complete all sections of this application and have signed by the applicant.

GENERAL

1. Name: _____
2. Address: _____
3. Inspection Contact: _____
Contact Phone Number: _____
Web Address: _____ E-mail Address: _____
4. Is Applicant: Sole Owner/Operator Partnership Corporation
5. Number of: Full-time Workers _____ Part-time Workers _____
Note: You must include all individuals who perform Janitorial Services. This applies to husband/wife teams. Any owners who perform Janitorial Services should be included within the appropriate category. Do not include individuals who perform clerical duties only.
6. Number of Years in Business? _____
7. Annual Payroll: _____ Annual Receipts _____
8. What Percentage of Applicants total work involves Floor Waxing? _____ %
9. Does Applicant:
 - A. Percentage of Floor Waxing is over 50% or greater Yes No
 - B. Have over \$1,000,000 in Annual Sales? Yes No
 - C. Have over 30 Employees? Yes No
 - D. Perform services at properties other than Mercantile, Office or Residential? Yes No
 - E. Perform services at Mercantile or Office premises when they are open for business? Yes No
 - F. Perform services in Health Care or Assisted Living facilities? Yes No
 - G. Handle any Hazardous Material or Infectious Waste? Yes No
 - H. Work in Bus, Train or Airport Terminals or on Buses, Trains or Aircraft's? Yes No
 - I. Work in Industrial Facilities? Yes No
 - J. Provide any exterior work in excess of 4 stories? (i.e. Window Washing) Yes No
 - K. Sell any products under their own Name or Label? Yes No
 - L. Any operations involving Hood/Duct Cleaning, Water Removal/Extraction, Security Operations, Insurance Claim Response or Mold Remediation? Yes No
 - M. Other than those covered in L above, are there any additional operations besides Janitorial Services? (complete question #10) Yes No
 - N. Any losses in the past 3 years? Yes No
10. Additional operations? (submit item from n. above):
 Landscaping Window Washing Carpet Cleaning Lawn Maintenance
 Other

Describe the extent of these operations, the projects that have included them, and the annual sales generated by them

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HISTORY

11. Name of Previous Insurer: _____ Limits: _____ Premium: _____
12. Has previous Insurer refused to Renew or Cancelled Coverage? Yes No If Yes, describe: _____
13. Loss information for the past 3 years: _____

COVERAGE

14. 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

Optional

Additional Insureds

Name _____

Address _____

Description of relationship _____ Interest _____

Non Owned Auto

Does Applicant:

- a. require employees to have their own automobile insurance? Yes No
- b. required evidence of insurance? Yes No

(If No to either of the above questions, risk is not eligible for Non-Owned Automobile coverage.)

Independent Contractors (Limits same as General Liability)

Does Applicant hire Subcontractors?

Yes No

If Yes, Annual Cost \$ _____

Description _____

Fraud Statement: Any person who knowingly and with the intent to defraud any insurance company or other person, files and 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 may subject such person to criminal and/or civil penalties and other sanctions.

Applicant's Warranty Statement: The undersigned represents to the best of his/her knowledge and belief the particulars and statements set forth are true and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company. The undersigned further declares that any claim, incident or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company and the Company may

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withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The signing of the Application does not bind the undersigned to purchase the insurance, nor does the review of the Application bind the Company to issue a policy. It is understood the Company is relying on the Application in the event the Policy is issued. It is agreed that this Application, including any material submitted there with, shall be the basis of the contract should a policy be issued, and may be attached to and become part of the policy.

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the Application or in any affidavit made before or after a loss under the policy will be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance" is replaced with "authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for may render inaccurate, untrue or incomplete any statement made with the minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for non payment of premium."

Applicant's Signature _____ Title _____ Date _____
(Owner or Officer)

Broker's Signature _____

Some states require that we have the Name and Address of your (Insured's) Authorized Agent or Broker.

Name of Authorized Agent or Broker _____

Address: _____

Mail complete application through local Agent or Broker to: _____
