



SMA Insurance Group, Inc.

Solutions for life's ifs and whens

Phone: (800) 344-3948 Fax: (888) 625-3501

JANITORIAL SERVICES APPLICATION

PLEASE COMPLETE EVERY SECTION

SECTION I – GENERAL INFORMATION

1.	Name of Applicant: _____ DBA: _____ <i>(If applicable, include DBA or trade name)</i>	Requested Effective Date: _____
2.	Business Type: Individual Partnership LLC Corporation Other (Describe) :	
3.	Mailing Address: _____ <i>(Street)</i>	
	_____	_____
	<i>(City)</i>	<i>(State) (Zip Code)</i>
4.	Physical/Warehouse Address: _____ <i>(Street)</i>	
	_____	_____
	<i>(City)</i>	<i>(State) (Zip Code)</i>
5.	Any other locations?	Yes No
	If yes, please list separately:	

SECTION II – BUSINESS DATA

1.	Year Business Started: _____	2.	Year of Owners' Experience: _____
3.	Federal Employer ID Number: _____	Franchise Number: _____	
4.	List Business Owners:	Name	% Ownership
5.	Phone: _____	Fax: _____	E-mail: _____
6.	Does the Applicant currently own/operate any other businesses?		Yes No
	If yes, please explain:		
7.	Does the Applicant own any Subsidiaries?		Yes No
	If yes, please explain:		
8.	Is the Applicant a Subsidiary of any other company?		Yes No
	If yes, please explain:		

SECTION III – OPERATIONS

1.	Estimated Gross Revenue:	\$	_____
2.	List your Gross Production Employees' Payroll – DO NOT INCLUDE OWNER, CLERICAL OR SALES PAYROLL		
	Janitorial Services	\$	_____
3.	Number of Full Time Employees: _____	Number of Part Time Employees: _____	
4.	How many Owners perform Production and/or Field Work? Owners Performing Production/Filed Work Will Have A Flat Payroll Added To The Above Payroll Figure		
5.	Do you perform any services not included above?		Yes No
	If yes, describe services:		

SECTION IV – SUBCONTRACTORS

1.	Do you subcontract work to others? If yes, answer questions A-C.	Yes	No
	A. What type of your work is subcontracted? _____		
	B. Do you obtain a Certificate of Insurance from each Subcontractor, showing General Liability Limits of at least \$1,000,000?	Yes	No
	C. Are you listed as an additional insured on each Subcontractor's General Liability Policy?	Yes	No

SECTION V – SAFETY RISK/MANAGEMENT

1.	Describe training program for new employees? _____		
2.	Is each customer required to sign a service contract that includes a disclaimer waiving your responsibility should the customer have an adverse reaction to your products?	Yes	No
3.	Is a license required to operate in your state?	Yes	No
	If yes, please provide license number: _____		

SECTION VII – HIRED & NON-OWNED AUTO AND WORKERS COMPENSATION

1.	Do you have a commercial auto policy in force?	Yes	No
	If yes, does it have Hired & Non-Owned auto coverage on it?	Yes	No
	If no, please answer the following questions:		
	A. How many employees under the age of 26 use their personal autos for business purposes?		
	B. What is the maximum radius of operation?		
2.	Do you have a Workers Compensation policy in force?	Yes	No
	If yes, what are the employer's liability limits on the policy?		
3.	Would you like a commercial auto quote?	Yes	No
	If yes, I will send you the application to complete		
4.	Would you like a worker's compensation quote?	Yes	No
	If yes, I will send you the application to complete		

SECTION VII – PROPERTY AND LOCATION INFORMATION

1.	Do you own or lease your space?	Own	Lease
2.	Is your space a home office?	Yes	No
3.	Year Built? _____		
4.	Number of Stories? _____		
5.	Square Feet Occupied? _____		
6.	Construction Type? Frame: _____ Joist Masonry: _____ Non-Combustible: _____ Other: _____		
7.	Roof Material: _____		
8.	Year Installed/Replaced: _____		
9.	Have Electrical, HVAC, & Plumbing Systems been updated/inspected in past 20 Years?	Yes	No
	A. If yes, please provide the year updated		
	Electrical: _____ HVAC _____ Plumbing _____		
10.	Sprinkler System?	Yes	No
11.	Burglar Alarm?	Yes	No
	A. If yes, is it a central station alarm?	Yes	No
12.	Replacement Cost of Building (If Owned): _____		
13.	Replacement Cost of Office Equipment, Furniture & Fixtures: _____		
14.	Replacement Cost of Cleaning Equipment & Supplies: _____		

ANY POLICY QUOTED MAY BE SUBJECT TO A MINIMUM POLICY PREMIUM.

Applicant's Signature

APPLICANT: I UNDERSTAND THAT THIS APPLICATION FOR INSURANCE AND ANY POLICY ISSUED AS A RESULT OF THE APPROVAL OF THIS APPLICATION WILL **ONLY** PROVIDE INSURANCE FOR DISASTER RESTORATION, JANITORIAL AND/OR MAID SERVICE OPERATIONS. I FURTHER UNDERSTAND THAT NO COVERAGE WILL BE PROVIDED FOR ANY OTHER BUSINESSES, OPERATIONS OR SERVICES UNLESS THEY ARE SPECIFICALLY ADDED TO ANY POLICY ISSUED FOR AN ADDITIONAL PREMIUM.

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 IS GUILTY OF INSURANCE FRAUD. THIS IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. (FOR NEW YORK INSUREDS: AN ACT OF INSURANCE FRAUD SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED \$5,000 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)

Applicant's Signature:		Date:	
Applicant's Name:		Applicant's Title:	