



# Janitorial Services Product Application – All States

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 3 years. If there is loss history, please complete the entire application.

Applicant's Name: \_\_\_\_\_

Location Address: \_\_\_\_\_  Same as mailing address.

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Description of Operations:

Does the applicant have any clients that are commercial entities?  Yes  No  
 No work performed at Mercantile locations when they are open for business, or accessible to the general public  True  False

### Liability Section

Exposure Basis: # Full-time Employees \_\_\_\_\_ # Part-time Employees \_\_\_\_\_ (<30 hrs/week)  
 Occurrence Limit:  \$100,000 / \$200,000  \$300,000 / \$600,000  \$500,000 / \$1,000,000  \$1,000,000 / \$2,000,000  
 Would you like to purchase coverage for Independent Contractors?  Yes  No  
 If Yes, what is the total annual cost \$ \_\_\_\_\_  
 Would you like to purchase the Property Damage Extension?  Yes  No  
 Do you want Blanket Additional Insured coverage?  Yes  No

### Additional Interests (AI = Additional Insured, LP = Loss Payee, M = Mortgagee)

Name	Relationship/Interest	Address	City, State, Zip	AI	LP	M
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Inland Marine** Do you want to include Inland Marine coverage?  Yes  No

<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		

## II. LOSS INFORMATION FOR THE PAST 3 YEARS

Liability Coverages  None, or provide detail below.

Year	Status	Incurred	Description
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____

## III. ELIGIBILITY CRITERIA

- No bankruptcies, tax or credit liens against the applicant in the past 5 years  True  False
- No handyman operations, including painting, plumbing or carpentry  True  False
- No exposure to Health Care or Assisted Living Facilities and Industrial Facilities  True  False
- No exterior operations over 4 stories  True  False
- No handling of infectious waste or hazardous material  True  False
- No more than \$1,000,000 in annual gross receipts  True  False
- No more than 50% of total operations dedicated to floor waxing  True  False
- No operations involving Insurance Claim Response, Water Removal/Extraction, Mold Remediation, Hood/Duct Cleaning or Security  True  False
- No operations on buses, trains or airplanes or in terminals/stations  True  False
- No products sold under applicant's name or label  True  False
- No street cleaning or debris removal operations  True  False
- No operations at locations other than residential, mercantile and office locations  True  False
- Not over 25% of sales for operations involving landscaping, lawn maintenance, carpet cleaning and window cleaning(combined)  True  False

### Independent Contractor Eligibility

- No more than 25% exposure to independent contractors  True  False
- Certificates of insurance are obtained from all independent contractors (even if only performing services in the offices of such establishments)  True  False

**IV. ADDITIONAL APPLICANT INFORMATION**

Form of Business:  Individual  Corporation  Partnership  LLC  Other \_\_\_\_\_

Number of years in business? \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_ (if different than the location address above)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address of primary contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Inspection Contact Name: \_\_\_\_\_ Telephone/Email Address: \_\_\_\_\_

**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 not 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 that may render inaccurate, untrue or incomplete any statement made with a 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 nonpayment of premium."

**Colorado Fraud Statement:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**District of Columbia Fraud Statement: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida Fraud Statement:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kentucky Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**Maine and Washington Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**New Jersey Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New York Fraud Statement:** 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, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Ohio Fraud Statement:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma Fraud Statement: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Pennsylvania Fraud Statement:** 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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Tennessee and Virginia Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Fraud Statement (All Other States):** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicant's Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail Agency Name: \_\_\_\_\_ License #: \_\_\_\_\_

Main Agency Phone Number: \_\_\_\_\_

Agency Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_