



# United States Liability Insurance Group Janitorial Services

New England Excess Exchange, Ltd.  
P O Box 219 ~ Montpelier VT 05601  
800-548-4301 ~ Fax: 800-347-4935  
Web Site: www.neee.com

## APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

### GENERAL

1. Name: \_\_\_\_\_ Website: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Is Applicant:  Sole Owner/Operator  Partnership  Corporation

4. Number of: Owners \_\_\_\_\_ Full Time Employees \_\_\_\_\_ Part Time Employees \_\_\_\_\_

5. Number of Years in Business? \_\_\_\_\_

6. Annual Payroll: \_\_\_\_\_ Annual Receipts \_\_\_\_\_

7. What Percentage of Applicants total work involves Floor Waxing? \_\_\_\_\_%

8. Does Applicant:

- |   | <b>Decline</b>               | <b>Eligible</b>             |
|---|------------------------------|-----------------------------|
| a. Percentage of Floor Waxing is over 50% or greater .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Have over \$1,000,000 in Annual Sales? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Have over 30 Employees? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Perform services at other than Mercantile, Office or Residential properties? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Perform services at Mercantile or Office premises when they are open for business? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Perform services in health care or assisted living facilities? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Handle any Hazardous Material or Infectious Waste? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Work in Bus, Train or Airport Terminals or on Buses, Trains or Aircrafts? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. Work in Industrial Facilities? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| j. Provide any Treatment or Removal of Ice or Snow? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| k. Provide any exterior work in excess of 4 stories? (i.e. Window Washing) .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| l. Sell any products under their own Name or Label? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| m. Any operations involving Hood/Duct Cleaning, Water Removal/Extraction,<br>Security Operations, Insurance Claim Response or Mold Remediation? ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|   | <b>Submit</b>                | <b>Eligible</b>             |
| n. Othan than those covered in m above, are there any additional operations other than<br>Janitorial Services? (complete question #9) .....           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| o. Any losses in the past 3 years? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

9. 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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### HISTORY

10. Name of Previous Insurer: \_\_\_\_\_ Limits: \_\_\_\_\_ Premium: \_\_\_\_\_

11. Has previous Insurer refused to Renew or Cancelled Coverage?  Yes  No If Yes, describe: \_\_\_\_\_

12. Loss information for the past 3 years:

Year	# of Claims	Incurred Amounts	Descriptions
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

**COVERAGE**

**13. Limits of Insurance Requested:**

General Liability:       100/200                       300/600                       500/1MM                       1MM/2MM

**14. Additional Coverages:**

**Included**

Contractor's Equipment Floater	\$10,000	Blanket Limit	\$500 deductible
	\$2,500	Any One Item	
Rental Reimbursement	\$250	Per Day	
	\$5,000	Any One Loss	
Lost Key	\$25,000	Limit	
Property Damage Extention	\$5,000	Each Occurrence	
	\$25,000	Aggregate	

**Optional**

Non Owned Auto     \$50,000/\$100,000     \$100,000/\$300,000     \$250,000/\$500,000     \$500,000/\$1,000,000

\*(Per Occurrence Limit must be equal to or less than CGL Occurrence Limit)

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, describe operations and estimated cost of hire for each: \$ \_\_\_\_\_

Description \_\_\_\_\_

**COMMERCIAL UMBRELLA**

Our Gold CUP product provides authority for this class of business with limits available up to \$5,000,000. It can be accessed via the Internet without On-Line quoting systems, or alternatively a paper EZ-Rater product is available. If you would like additional information on how to quote Commercial Umbrella, or to obtain a User ID and password, please contact your Underwriter.

**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.

THE STATE OF NEW YORK REQUIRES THAT WE HAVE THE NAME AND ADDRESS OF YOUR (INSURED'S) AUTHORIZED AGENT OR BROKER.

NAME OF AUTHORIZED AGENT OR BROKER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MAIL COMPLETED

APPLICATION THROUGH

LOCAL AGENT OR BROKER TO: \_\_\_\_\_

**WARRANTIES:** I/we warrant that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should the company evidence its acceptance of this application by issuance of a policy. I/we agree that such policy shall be null and void if such information is false or misleading in any way as this would materially affect acceptance of a risk by the Company. I/we hereby authorize release of claim information from any insurers or their general agent.

Signature of Applicant\* \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

(Must be Owner, Officer or Partner)                      (Required)                      (Required)

\*SIGNING THIS APPLICATION DOES NOT REQUIRE THE INSURER TO ISSUE A POLICY OF INSURANCE OR REQUIRE THE APPLICANT TO ACCEPT THE INSURANCE OFFERED