



Home Office:  
One Nationwide Plaza • Columbus, Ohio 43215

Administrative Office:  
8877 North Gainey Center Drive • Scottsdale, Arizona 85258  
1-800-423-7675 • Fax (480) 483-6752  
www.scottsdaleins.com

**Janitorial Program Supplemental Application**  
(Complete in addition to ACORD General Liability Application)

Name of Applicant: \_\_\_\_\_

Web site Address: \_\_\_\_\_

1. **How long have you been in business?** \_\_\_\_\_ Currently:  Full-time  Part-time
2. **Mix of business:** Commercial \_\_\_\_\_% Industrial \_\_\_\_\_% Residential \_\_\_\_\_%
3. **Property Damage Extension (see limit options on back):** \$ \_\_\_\_\_ Occurrence  
(coverage option selected, if limits are indicated) \$ \_\_\_\_\_ Aggregate

Employee Data	Number	Annual Payroll
Owner(s) only		\$
Employees excl. clerical: Full Time		\$
Part Time		\$

Leased or Subcontracted	Number	Annual Cost
Leased employees		\$
Independent Contractors*		\$

\*Do independents provide you with certificates of insurance? .....  Yes  No

**5. Indicate annual sales for each of the following industries serviced:**

Operations for	Annual Sales	Operations for	Annual Sales
Aircraft	\$	Offices	\$
Apartments	\$	Off-shore Oil Rigs	\$
Construction Make-Ready	\$	Private Residences	\$
Convenience Stores, Grocery Stores and Supermarkets	\$	Retail Stores	\$
Convention Halls	\$	Schools/Colleges/Universities	\$
Crime Scene Cleanup	\$	Shopping Centers & Malls	\$
Department/Discount Stores	\$	Sports Complexes	\$
Hospitals/Convalescent Homes	\$	Transportation Terminals	\$
Hotels	\$	Theaters	\$
Industrial	\$		\$
Other (describe)			\$
Total Annual Sales			\$

**6. Type of Operations Performed:** (Show sales figures for operations)

Operation	Payroll	Sales
Carpentry	\$	\$
Carpet/Upholstery Cleaning	\$	\$
Construction Cleanup <input type="checkbox"/> Interior <input type="checkbox"/> Exterior	\$	\$
Consulting	\$	\$
Equipment Rental	\$	\$
Fire/Water Restoration	\$	\$
Floor Stripping/Waxing	\$	\$
Janitorial—General Services	\$	\$
Janitorial Supply Retail/Wholesale	\$	\$
Landscaping/Plant or Shrub Servicing	\$	\$
Machinery/Equip. Clean/Degreasing	\$	\$
Mold or Spore Remediation	\$	\$
Painting	\$	\$
Pressure Washing	\$	\$
Recycling	\$	\$
Sandblasting	\$	\$
Security	\$	\$
Snowplowing	\$	\$
Restaurant Hood Cleaning	\$	\$
Window/Screen/Skylight Cleaning	\$	\$
Other (describe)	\$	\$

**7. Window Cleaning:**

Maximum number of stories: \_\_\_\_\_

Scaffolding/rigging, if any:  Rented  Owned

**8. Please provide a brief description of any hazardous waste handled, storage of combustible material, and recyclables handled:** \_\_\_\_\_

**9. Are your employees bonded?** .....  Yes  No

If yes, effective date of coverage: \_\_\_\_\_

**10. Do you have other business ventures for which coverage is not requested?** .....  Yes  No

If yes, explain and advise where insured: \_\_\_\_\_

**APPLICABLE IN THE STATE OF NEW YORK:**

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.

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

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
*(Applicable to Florida Agents Only.)*

IOWA LICENSED AGENT: \_\_\_\_\_