

JANITORIAL

CBIC - Contractors Bonding and Insurance Company

1. Agent/Broker Name:	2. Company Name:				
3. Estimate for the next 12 months:					
Number of Active Owners	Number of Employees	*Employee Payroll	**Subcontractor Cost	Gross Sales	
<i>*Annual Employee Payroll - do not include payroll for clerical, salespersons or owners</i> <i>**Subcontracted Costs = labor plus materials you purchase for your subcontractors and materials purchased by subcontractor</i>					
4. List 3 largest jobs in the past 5 years or currently underway or planned:					
Year	Description of Work			Gross Receipts	
5. For each of the past 4 years, provide:					
Year	*Annual Employee Payroll	Gross Annual Receipts (total revenue)	**Subcontracted Costs		
<i>*Annual Employee Payroll - do not include payroll for clerical, salespersons or owners</i> <i>**Subcontracted Costs = labor plus materials you purchase for your subcontractors and materials purchased by subcontractor</i>					
6. Estimate the number of jobs performed annually (indicate Zero "0" if none):					
_____	Total jobs completed annually	_____	New apartments/townhomes/co-op bldgs over 12 units		
_____	New homes worked on in any one tract, subdivision or development	_____	New condo projects		
_____	Hospitals, clinics and assisted living facilities	_____	Condo conversion projects		
_____	Floor Waxing	_____	Jobs on homes valued over \$1 million		
_____	Exterior window washing	_____	Fire / flood damage restoration work		
_____	Swimming pool cleaning	_____	Power scrubbing, pressure washing		
_____	Restaurant hood and duct cleaning	_____	Construction site clean-up		
_____	Jobs performed at customer premises while open for business (i.e. office, store, etc)	_____	Waterproofing / caulking		
7. List all other services provided besides janitorial:					
Check if None <input type="checkbox"/>					
8.	Are records kept for each job including the description of materials and equipment used or installed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
9.	Any janitorial supplies or any other products sold? If yes, list all products sold:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
10.	Do you do property management for others? If yes, please provide details:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
11.	Are any covered employees responsible for the handling or transporting of any valuables owned by a customer of the insured? If yes, please provide details:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
12.	Are any covered employees responsible for the handling of cash or negotiable securities that is the property of a customer of the insured? If yes, please provide details:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No