



Janitorial Services Product Application – All States



Submit to: **BLISS & GLENNON**
For submission directions, see last page.

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: _____

Submit by fax or email to the regional office that serves your primary location:



West

San Francisco, CA
Morgan Hill, CA
Redondo Beach, CA
Santa Clarita, CA
San Diego, CA

Fax: 415-955-1924
Fax: 408-778-6096
Fax: 310-372-1903
Fax: 661-297-7619
Fax: 760-737-7989

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quotesSD@bgsurplus.com



Central

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Dallas, TX

Fax: 800-338-8379
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Midwest

Oakbrook, IL

Fax: 630-645-0501

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Northeast

Bedford, NH

Fax: 603-222-9017

quotesNH@bgsurplus.com



Southeast

Birmingham, AL
Lake Mary, FL

Fax: 205-323-1818
Fax: 407-833-9194

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