



# Janitorial Services Product



## JANITORIAL SERVICES PRODUCT WARRANTY APPLICATION

Please complete all sections of this application and have signed by the applicant.

P.O. Box 768 Hendersonville, TN 37077  
800-768-7475 Fax (615) 264-3980  
www.bsrrins.com

### GENERAL

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Inspection Contact: \_\_\_\_\_  
Contact Phone Number: \_\_\_\_\_  
Web Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

4. Is Applicant:  Sole Owner/Operator  Partnership  Corporation
5. Number of: Full-time Workers \_\_\_\_\_ Part-time Workers \_\_\_\_\_

**Note:** You must include all individuals who perform Janitorial Services. This applies to husband/wife teams. Any owners who perform Janitorial Services should be included within the appropriate category. Do not include individuals who perform clerical duties only.

6. Number of Years in Business? \_\_\_\_\_
7. Annual Payroll: \_\_\_\_\_ Annual Receipts \_\_\_\_\_
8. What Percentage of Applicants total work involves Floor Waxing? \_\_\_\_\_%

9. Does Applicant:
 

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 properties other than Mercantile, Office or Residential?	<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 Aircraft's?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I. Work in Industrial Facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
J. Provide any exterior work in excess of 3 stories? (i.e. Window Washing)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
K. Sell any products under their own Name or Label?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
L. Any operations involving Hood/Duct Cleaning, Water Removal/Extraction, Security Operations, Insurance Claim Response or Mold Remediation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
M. Other than those covered in L above, are there any additional operations besides Janitorial Services? (complete question #10)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
N. Any losses in the past 3 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

10. Additional operations? (submit item from M above):
 

<input type="checkbox"/> Landscaping	<input type="checkbox"/> Window Washing	<input type="checkbox"/> Carpet Cleaning	<input type="checkbox"/> Lawn Maintenance
<input type="checkbox"/> Other _____			

Describe the extent of these operations, the projects that have included them, and the annual sales generated by them

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### HISTORY

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

12. Has previous Insurer refused to Renew or Cancelled Coverage?

Yes  No

If Yes, describe: \_\_\_\_\_

13. Loss information for the past 3 years:

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

**COVERAGE**

14. Limits of Insurance Requested:

General Liability:  \$100,000/200,000  \$300,000/600,000  \$500,000/1,000,000  1,000,000/2,000,000

15. Additional Coverages:

**Included at no additional charge**

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 Extension	\$5,000	Each Occurrence	
	\$25,000	Aggregate	

**Optional**

Additional Insureds

Name \_\_\_\_\_

Address \_\_\_\_\_

Description of relationship \_\_\_\_\_ Interest \_\_\_\_\_

Non Owned Auto

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, Annual Cost: \$ \_\_\_\_\_

Description \_\_\_\_\_

**Applicant's Warranty Statement:** The undersigned represents to the best of his/her knowledge and belief the particulars and statements set forth are true and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company. The undersigned further declares that any claim, incident or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The signing of the Application does not bind the undersigned to purchase the insurance, nor does the review of the Application bind the Company to issue a policy. It is understood the Company is relying on the Application in the event the Policy is issued. It is agreed that this Application, including any material submitted there with, shall be the basis of the contract should a policy be issued, and may be attached to and become part of the policy.

**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 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 \_\_\_\_\_  
(Owner or Officer)

Broker's Signature \_\_\_\_\_

Some states require that we have the Name and Address of your (Insured's) Authorized Agent or Broker.

Name of Authorized Agent or Broker \_\_\_\_\_

Address: \_\_\_\_\_

Mail complete application through local Agent or Broker to: \_\_\_\_\_

\_\_\_\_\_