



**JANITORIAL SUPPLEMENTAL WORKERS'
COMPENSATION APPLICATION**

Application/Policy #: _____ Effective Date: _____
Insured Name: _____ Federal ID #: _____
Website _____ Email: _____
Agency Name: _____ Contact: _____

Payroll Data: Provide historical payroll data by class (for current and prior 4 years) or submit final audit invoices if available. Applicable only to policy years not insured by Republic Indemnity.

	Class		Class		Class		Class		Class
Current Year									
1st Year Prior									
2nd Year Prior									
3rd Year Prior									
4th Year Prior									

Loss Experience

If the insured has not been insured by Republic Indemnity for the latest 3-year term, please attach **currently valued loss runs** for any of those three years insured elsewhere and the **most current experience modification worksheet** if available.

Operational Information- Janitorial

1. Select the types of clients and indicate % for each:

- | | |
|---|---|
| <input type="checkbox"/> Airports
<input type="checkbox"/> Apartment buildings
<input type="checkbox"/> Educational facilities
<input type="checkbox"/> Government buildings
<input type="checkbox"/> Hospitals
<input type="checkbox"/> Hotels
<input type="checkbox"/> Other- Provide details _____ | <input type="checkbox"/> Office buildings
<input type="checkbox"/> Manufacturing plants
<input type="checkbox"/> Medical offices
<input type="checkbox"/> Museums
<input type="checkbox"/> Nursing homes
<input type="checkbox"/> Stores |
|---|---|

2. Indicate % for each service provided (must equal 100%):

- | | |
|---|--|
| <input type="checkbox"/> General cleaning*
<input type="checkbox"/> Aircraft Service/Maintenance
<input type="checkbox"/> Carpet cleaning
<input type="checkbox"/> Construction site cleanup
<input type="checkbox"/> Crime scene clean-up
<input type="checkbox"/> Debris clearing
<input type="checkbox"/> Elevator Maintenance | <input type="checkbox"/> Hood/filter/grease traps service
<input type="checkbox"/> Landscaping
<input type="checkbox"/> Maid/housekeeping services
<input type="checkbox"/> Mold abatement
<input type="checkbox"/> Parking lot cleaning
<input type="checkbox"/> Pest Control
<input type="checkbox"/> Pressure/steam washing |
|---|--|



- Fire/flood restoration
- Floor waxing/refinishing
- Graffiti removal
- Heating, A/C vent service
- Roof/gutter cleanup
- Snow removal
- Window cleaning- exterior, above 1st floor
- Window cleaning- interior only
- Other- Provide details _____

* General cleaning includes operations such as vacuuming, dusting, wastebasket trash pickup, floor and rug cleaning, restroom clean-up

3. Are ladders or mechanical lifts required for any processes? Yes No
 If yes, please explain _____
 What is the maximum height at which employees work? _____
4. Typical number of jobsites per shift _____
5. Do employees work in groups of two or more? Yes No
6. Do employees travel together to and from jobsites? Yes No
7. Are employees supervised at jobsites? Yes No
 If yes, do supervisors remain on site for the duration of the job, or check in briefly with staff then leave? _____
8. Hours of operation for majority of janitorial staff _____
9. Personal protective equipment (PPE) used _____

General Information

1. Detailed description of operations, include end product if applicable, processes used and employees' duties: _____
2. Is cannabis in any form involved in any processes, or part of end products, or sold stand-alone? If yes, provide details: _____
3. Current number of permanent employees: _____ Seasonal Employees: _____
 Number of temporary and/or leased employees: _____
 Are any relatives employed? Yes No
 Does the insured utilize the services of Temporary Staffing Agencies or Labor Contractors?
 Yes No
 If yes, do they require contract language that specifies that the Agency/Contractor provides Workers' Compensation? Yes No
 Number of W2's filed for latest reporting year: _____
4. **How many independent contractors are used?** _____
How many 1099 forms are issued to individuals? _____
How many 1099 forms are issued to companies/organizations? _____

If there are independent contractors, what kind of work do they perform? _____

Are independent contractors covered under a statutory Workers' Compensation Insurance policy and do they provide Certificates of Insurance? Yes No

5. Number of employees: Increasing _____ Decreasing _____ Stable _____
6. Number of part time employees _____ Number of full time employees _____
7. Mean wage: For mainstream employees in production operations or services offered \$ _____/hr.
For administrative staff (e.g. clerical, sales) \$ _____/hr.
8. Union Non-Union % of employees participating _____
9. Number of employees working from home: _____
Average number of days per week working from home: _____
10. Group Medical: Yes No Name of Group Medical Provider: _____
% of employees participating: _____ % of employer contribution: _____
Paid Vacation: Yes No Paid Sick Leave: Yes No 401K or Pension: Yes No
11. Safety Program: Yes No
Safety meetings held for all employees: Yes No
Personal protective safety equipment provided: Yes No
Accident investigation program in place: Yes No
12. Pre-employment physical: Yes No
13. Drug Screening Program/Random Drug Testing: Yes No
14. Does insured offer modified work? Yes No
If yes, provide details: _____
15. Hiring Practices
Application: Yes No
Check References: Yes No
16. Loss Control Incentive Program: Yes No
17. Percent of Off-Premise Operations: _____ % (not applicable to contracting risks)
18. Vehicle Exposure: Yes No Radius of Operations: _____ miles
Number of Commercial Vehicles: _____ Number of Private Passenger Vehicles: _____
Details of use, include specifics as to delivery exposures: _____
Number of employees driving on a regular basis?* _____
*We define regular as over 10% or more of the employees' time.
Frequency of all off-premises activity: Daily Less than Daily
What are the average and maximum number of covered employees that travel together in the same vehicle? _____
How often does the maximum number of covered employees travel together in the same vehicle? _____
MVR's checked: Yes No
If yes, please provide details as to the procedures in place: _____
Is there a disciplinary/termination rule in place based on driving record? Yes No
If yes, describe how this is implemented: _____
19. there any out-of-state travel? Yes No If yes, who travels? _____



- Where do they travel? _____ How long do they travel for? _____
20. Does applicant own, operate or lease aircraft? Yes No If yes, provide details: _____
21. What is the maximum manual weight lifted? _____ What material handling aids are used? _____
22. Hours of operation: _____
23. Are any of the insured's operations located within a Federal or State government owned building that is over 35% occupied by governmental offices or National Landmarks? Yes No
If yes, provide details: _____

Locations(s) – Please complete for all locations of business operations:

Number of Employees assigned to the location (including those who work off premises)		# of Shifts	Maximum number of employees on the premises at one time	# of Stories and Floor # occupied by this business		Building Construction Type *(see below)
Full-time	Part-time			# Stories	Floor #	

Location (1)							
Street							
City, State, Zip							

Location (2)							
Street							
City, State, Zip							

Location (3)							
Street							
City, State, Zip							



If there are more than 3 locations, please continue on a separate sheet.

*Types of Building Construction that closely matches the description of the building that the insured occupies.

- | | |
|--------------------------------------|----------------------------------|
| Wood Frame, including masonry veneer | Tilt-up concrete |
| Unreinforced masonry | Reinforced concrete |
| Reinforced masonry | Light gauge steel frame |
| Mobile home | Protected structural steel frame |

Policy Specifications

Non-Participating Plan	Participating
Program: Yes No	If yes, Program Name: _____
Commission: _____%	Direct Bill Agency Bill

Producer Authorized Signature: _____ Date: _____