



The Brokers Preferred Wholesale Solution

Workers' Comp - Janitorial

For a complete submission, please include the following information:

- ACORD Application 130
- Business FEIN #
- Supplemental Application
- 4 Years Currently Valued Loss History Regardless of Lapse in Coverage
 - If lapsed, provide date and reason
 - For new venture, provide date of first employee hire (loss runs not required)

If you don't see what you need or have any questions, please email your underwriter: Darby@CIDinsurance.com

CID Insurance Programs Inc. DBA CID Insurance Services

Janitorial Supplemental Application

(To be Completed with Acord 130 application)

Named Insured: _____ Insured's FEIN: _____

General cleaning includes operations such as vacuuming, dusting, wastebasket trash pick-up, floor and rug cleaning, restroom clean-up. What percentage of overall operations involves general cleaning? _____%

What percentage of general cleaning operations are performed in the following buildings/facilities:

Office Buildings	%	Industrial Buildings	%	Manufacturing Plants	%	Educational Facilities	%
Apartments/Condos	%	Residential/Homes	%	Stores-Retail	%	Stores-Wholesale	%
Government Bldgs	%	Hotels	%	Hospitals	%	Medical Offices	%
Museums	%	Airports	%	Railroad Stations/Cars	%	Other	%

When completing the section below, include overall general cleaning percentage as noted in top section. The following percentages must total 100% of overall operations:

General Cleaning	%	Carpet Cleaning	%	Floor Waxing & Refinishing	%	Exterior Window Washing Above 1 st Floor	%
Fire/Flood Restoration	%	Asbestos/Mold/Lead Abatement	%	Pressure/Steam Cleaning Ground Level	%	Pressure/Steam Cleaning Above Ground	%
Servicing/Cleaning of Hoods/Filters/Grease Traps, etc.	%	Heating/AC Service	%	Elevator Maintenance/Cleaning	%	Pest Control	%
Ceiling Tile Cleaning	%	Cleaning of Aircraft	%	Construction Site Clean-up	%	Chimney Cleaning	%
Snow Removal	%	Landscaping	%	Parking Lot and/or Driveway (only) Sweeping	%	Street/Road/ Highway Sweeping	%
Crime Scene Clean-up	%	Other	%	Describe: _____			

Do employees work in pairs or more? Yes No

Are Employees Supervised? Yes No Direct or roving supervision? _____

Is there a window cleaning exposure? Yes No

At what height is work being performed? _____

Note: All information provided for the purpose of securing insurance coverage is subject to underwriting verification, an underwriting survey and/or inspection. You must notify us of any significant change in operations or payroll. Terms may be rescinded, or coverage cancelled if any person knowingly conceals information, and/or provides any inaccurate or materially false information for the purpose of obtaining insurance coverage.

Signature of Applicant: _____ Date: _____