



Mt. Hawley Insurance Company
A Subsidiary of RLI Insurance Company

General Liability Insurance Application For Janitorial Services

9025 N. Lindbergh Drive
Peoria, IL 61615
www.rlisecurity.com

(Submissions email: securitysubs@rlicorp.com)

General Information

1. Name _____
2. Physical address _____
3. Mailing address _____
4. Effective date requested _____ Date current coverage expires _____
5. Contact Person _____ Telephone # _____
Email address _____ Fax # _____
6. Date established _____ FEIN # _____
License # _____
7. Individual Partnership Joint Venture Trust Limited Liability Company
 Organization (Other than Partnership, Joint Venture, or Limited Liability Company)
8. Have you ever operated under another name? Yes No
Name of entity _____
9. Industry experience _____
10. Please list any non-security related operations. _____
11. Do you subcontract work to others? Yes No
 - a. What operations are subcontracted? _____
 - b. What is the payroll for the subcontracted work? _____
 - c. Do you require GL or WC certificates from subcontractors? Yes No
 - d. Do the subcontractors carry GL limits equal to or greater than the limits requested on this application? Yes No
 - e. Are you named as an additional insured on all subcontractor policies? Yes No
 - f. If either of the above questions are "No," is your subcontracted payroll included in your total payroll estimate? Yes No

Coverage & Limits Section

12. Limits requested \$1M/\$2M \$1M/\$3M \$1M/\$4M \$1M/\$5M Other _____
13. Deductible requested \$0 \$1,000 \$2,500 \$5,000
14. Do you require any of the below coverages to fulfill client contract requirements?
Please note that some of these coverages may require additional premium.

| | | |
|--|--|---|
| <input type="checkbox"/> Additional Insured | <input type="checkbox"/> Employee Benefits Liability | <input type="checkbox"/> Hired/Non-owned Auto |
| <input type="checkbox"/> Per Project Aggregate | <input type="checkbox"/> Primary Wording | <input type="checkbox"/> Stop Gap |
| <input type="checkbox"/> Waiver of Subrogation | | |

Do you have a primary commercial auto policy in force? Yes No
15. Do you require excess/umbrella coverage? Yes No
If "Yes," what limit is needed? \$1M \$2M \$3M \$4M \$5M
If excess/umbrella coverage is required please complete the Excess Liability application.

Janitorial Section

16. Estimated annual janitorial payroll \$ _____
17. Number of employees _____ Full time _____ Part time _____
18. Please provide percentage breakdown for all janitorial services by industry type below.

| Industry Type | % Of Total Operations | Industry Type | % Of Total Operations |
|--|-----------------------|-------------------------------|-----------------------|
| Aircraft | % | Off-Shore Oil Rigs | % |
| Apartments | % | Private Residences | % |
| Construction Make-Ready | % | Retail Stores | % |
| Convenience Stores/Grocery Stores/Supermarkets | % | Schools/Colleges/Universities | % |
| Convention Halls | % | Shopping Centers and Malls | % |
| Crime Scene Cleanup | % | Sports Complexes | % |
| Department Stores | % | Transportation Terminals | % |
| Hospitals | % | Theaters | % |
| Hotels | % | Other | % |
| Industrial | % | Please describe: | |
| Offices | % | | |

19. Please provide percentage breakdown for all janitorial services by operation type below.

| Operation | % Of Total Operations | Operation | % Of Total Operations |
|--|-----------------------|-----------------------------------|-----------------------|
| Carpentry | % | Pressure Washing | % |
| Carpet/Upholstery Cleaning | % | Recycling | % |
| Consulting | % | Sandblasting | % |
| Equipment Rental | % | Snowplowing | % |
| Floor Stripping/Waxing | % | Restaurant Hood Cleaning | % |
| Janitorial – General Services | % | Window Cleaning – Below 3 Stories | % |
| Janitorial Supply Retail/Wholesale | % | Window Cleaning – Above 3 Stories | % |
| Landscaping/Plant or Shrub Servicing | % | Other | % |
| Machinery/Equipment Cleanup/Degreasing | % | Please describe: | |
| Painting | % | | |

20. If you provide exterior window cleaning, please advise the maximum number of stories. _____
21. Do you use scaffolds or rigging? Yes No
22. Describe your procedures for the following:
- a. Prevention of slips and falls for workers and the general public: _____
 - b. Use and storage of hazardous materials: _____
 - c. Protection of customer’s keys: _____

Policy Information

23. Please provide prior year policy information below.
Please attach five (5) years of currently valued loss history.

| Category | Current Year | First Prior | Second Prior | Third Prior | Fourth Prior |
|-----------------|--------------|-------------|--------------|-------------|--------------|
| Carrier | | | | | |
| Premium | | | | | |
| Payroll | | | | | |
| Deductible | | | | | |
| Incurred Losses | | | | | |

24. Have any claims been made over the last five (5) years? Yes No
25. Do you have any knowledge of incidents that could lead to a claim in the future? Yes No
 If "Yes," please explain. _____
26. Has your insurance been cancelled, declined or non-renewed in the last three (3) years? Yes No
 If "Yes," please explain. _____
27. Total number of clients _____
28. Please list your six (6) largest clients:

29. Are you or your company aware of any facts, circumstances, incidents, or accidents (including but not limited to faulty or defective workmanship, product failure, construction dispute, breach of contract, property damage or worker injury) that a reasonably prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company? Yes No
 If "Yes," please attach a detailed explanation.

FRAUD WARNINGS

Warning – Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for purposes or misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

AL, AR, DC, LA, MD, RI, WV – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

CO – 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.

FL, OK – 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. (FL only)

KY, PA – 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.

ME, TN, VA, WA – 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 (ME only) include imprisonment, fines or a denial of insurance benefits.

NJ, NM – Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NY – 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.

OH – Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a false claim containing a false or deceptive statement is guilty of insurance fraud.

OR – Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material facts may be violating state law.

UT – Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

SIGNATURE

The undersigned applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The applicant agrees to notify us of any material changes in the answers to the questions on this application which may arise prior to the effective date of any policy issued pursuant to this application and the applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Notwithstanding any of the foregoing, the applicant understands that we are not obligated or under any duty to issue a policy of insurance based upon this information. The applicant further understands that, if a policy of insurance is issued, this application will be incorporated into and form a part of such policy.

Signature of Applicant

Printed Name of Applicant

Title (Officer, Partner, etc.)

Date Signed

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR
THE INSURER TO PRODUCE INSURANCE.