Janitorial
Supplemental Application

Empire Underwriters, LLC
INSURANCE MANAGERS & WHOLESALERS

Insured:_____ FEIN:_____ Eff. Date:_____
Contact Name & Title:_____ Tel.#:_____ Fax.#:_____
Website Address:_____

GENERAL INFORMATION

Years in business: _____ #of Locations:_____
Description of operations:_____
Union: ☐ Yes ☐ No If yes, name of Union:_____
Current number of employees: Full time_____ Part time_____ Seasonal_____ Volunteers_____
Percent of employee turnover in the last 12 Months: Full time_____ Part time_____
Employee staffing expectation over the next 12 months: Full time_____ Part time_____
Average hourly wage in Governing Class: Full time $_____ Part time $_____
Average hourly wage in Clerical Class: Full time $_____ Part time $_____
Average hourly wage in Sales Class: Full time $_____ Part time $_____
Has the insured ever been in bankruptcy? ☐ Yes ☐ No
If yes, Explain_____

BENEFITS:

Are ALL employees eligible Y/N; if no the who?_____

		% paid by employer	% of participation
Group Health	☐ Yes ☐ No	_____	_____

Paid sick leave ☐ Yes ☐ No Vacation ☐ Yes ☐ No Retirement / Pension Plan ☐ Yes ☐ No
Name of Healthcare provider: _____
Do you use specific: Clinic_____ Physician_____ Emergency room _____
Full time nurse maintained on staff?: ☐ Yes ☐ No
CPR training provided?: ☐ Yes ☐ No

SAFETY PROGRAM:

Safety program / IIPP compliant with SB 198 ☐ Yes ☐ No
Return to light duty plan ☐ Yes ☐ No
Return to full time modified work plan ☐ Yes ☐ No
Designated full time safety director ☐ Yes ☐ No Name:_____
Safety meetings held for all employees ☐ Yes ☐ No Frequency of meetings:_____
Safety training for all employees ☐ Yes ☐ No Incentive program for employees ☐ Yes ☐ No
Personal protective safety equipment provided ☐ Yes ☐ No
Supervisors are held accountable for injuries/accidents ☐ Yes ☐ No
Accident investigation program in place ☐ Yes ☐ No

HIRING PRACTICES:

Employment application	☐ Yes ☐ No	Drug/substance abuse	☐ Yes ☐ No
Reference checks	☐ Yes ☐ No	Audiometric Testing	☐ Yes ☐ No
Motor Vehicle Record Check	☐ Yes ☐ No	Pre/Post employment physical	☐ Yes ☐ No
Volunteer labor used	☐ Yes ☐ No	Pathogenic test (i.e. lead)	☐ Yes ☐ No
Temporary labor used	☐ Yes ☐ No	Orthopedic back test	☐ Yes ☐ No

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OPERATIONS:

Hours of operation: _____to _____ Number of daily shifts: _____
Operation includes driving? ☐ Yes ☐ No Number of authorized drivers _____ No. of vehicles_____
Types of vehicles driven_____
Reason(s) for driving (delivery, sales calls, etc.)? _____
Frequency of driving: Daily ☐ Weekly ☐ Other ☐_____
Driving radius: < 50 miles ☐ 51-100 miles ☐ 101-250 miles ☐ > 250 miles ☐
Frequency of MVY checks _____ Participation in CHP Pull program ☐ Yes ☐ No
Driver acceptability standards have been established ☐ Yes ☐ No
Vehicles inspection / maintenance program ☐ Yes ☐ No Frequency _____
Vehicle maintenance performed is performed by employees ☐ Yes ☐ No
Employees take vehicles home ☐ Yes ☐ No

PAYROLL AND PREMIUM HISTORY:

Payroll		Premium	
Current Year	_____	Current Year	_____
1st Prior Year	_____	1st Prior Year	_____
2nd Prior Year	_____	2nd Prior Year	_____
3rd Prior Year	_____	3rd Prior Year	_____

Any travel out of state? ☐ Yes ☐ No No.# of employees who travel: _____Frequency: _____
Purpose:_____

JANITORIAL:

Check appropriate exposures in the following areas: ☐Education Facilities ☐Nursing Homes ☐Apartment houses
☐Hospitals ☐Airports ☐Office Buildings ☐Stores ☐Fire/Flood/Restoration
☐Government ☐Museums ☐Medical Offices ☐Hotels ☐Manufacturing Plants

Indicate % of services provided (must equal 100%):

___General cleaning*	____Chimney cleaning	____Debris Clearing	____Exterior window cleaning above 1st floor
____Industrial cleaning	____Ceiling Tile cleaning	____landscaping	____Heating, A/C ventilation service
____Carpet Cleaning	____Elevator maintenance	____Parking lot cleaning	____Aircraft service and maintenance
____Snow removal	____Maid/housekeeping services	____Fire/flood restoration	____Pest control
____Crime scene clean-up	____Floor waxing and refinishing	____Pressure or steam washing operations	
____Servicing/cleaning of hoods/filters/grease traps/etc			

What is the maximum height that you work?_____

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

Do employees work in pairs or more? ☐ Yes ☐ No Employees supervised? ☐ Yes ☐ No
Direct or Roving supervision? _____

CATASTROPHE EXPOSURE:

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Does insured work within 2 miles of the following building or facilities:

Government or Military base:	☐ Yes ☐ No
Financial Institutions including national/regional stock exchange	☐ Yes ☐ No
Sport Stadiums/ Arenas and Theme Parks	☐ Yes ☐ No
Major Bridges, Tunnels or Dams	☐ Yes ☐ No
Utilities or Power Generation Plants	☐ Yes ☐ No
Transportation Hubs, Railroads, Airports or Shipping	☐ Yes ☐ No
Historic/Symbolic buildings, monuments or parks	☐ Yes ☐ No

EXPOSURE INFORMATION – PREMISES – FIX LOCATION – EMPLOYEES

Total number of employee's: ___

State	Location #	Payroll	Total # of Employees	# of Shifts	Maximum # of Employees Per Shift	Type of Building (See List Below)	Year Built	# of Stories	Floors Occupied
		$							
		$							
		$							
		$							
		$							
		$							
		$							
		$							

If additional locations exist please include on a separate form.

Type of Building: (1.) Steel 3 stories or greater (2.) Frame 3 stories or less (3.) Concrete tilt up

MEDICAL PROVIDER NETWORK COMPLIANCE:

1. Has the Insured previously participated in a Medical Provider Network? ☐ Yes ☐ No
2. Is the insured willing to participate in a Medical Provider Network? ☐ Yes ☐ No

Comments:

_____

_____

_____

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

_____ _____

SIGNATURE DATE