

**JANITORIAL CONTRACTORS
SUPPLEMENTAL APPLICATION**

This Supplemental Application along with all other requested Donegal Insurance Group Applications and/or ACORD Applications constitute the Application for Insurance.

A. APPLICANT INFORMATION

Applicant Name¹: _____ Web Site Address: _____
 Quote/Policy Number: _____ Date Quote Needed: _____
 Agency Name and Number: _____ Effective Date: _____

¹ Whenever used in this Application, the term "Applicant" includes all firm names, trading names, 'Doing Business As' (DBA) names, and if incorporated, the Parent Corporation and all of its subsidiaries, unless stated to the contrary in the Remarks section of this Application.

B. GENERAL INFORMATION

1. Describe the operation by providing the percent of total operations resulting from each item listed under the three groups below.

a.) Residential: _____ %	b.) Offices: _____ %
Commercial: _____ %	Residential / Apartments _____ %
Industrial: _____ %	Retail Stores: _____ %
Institutional: _____ %	Hotels / Motels: _____ %
	Grocery Stores: _____ %
c.) Operating as a Prime Contractor: _____ %	Schools / Colleges / Universities: _____ %
Operating as a Sub-Contractor: _____ %	Shopping Centers & Malls: _____ %
	Other: _____ %

2. Does applicant subcontract out any work? Yes No

If yes, indicate:

a. Operations performed by subcontractor(s): _____

b. Total cost of subcontracted work past year: _____

c. Are certificates of insurance obtained from all subcontractors? Yes No

d. Do any subcontractors carry coverages or limits less than the applicant's? Yes No

3. Are any of the following performed:

- a. Cleaning or inspection of restaurant hoods/ducts? Yes No
- b. Handling of any hazardous material or infectious waste? Yes No
- c. Work in bus, train, or airport terminal? Yes No
- d. Work on bus, train, or aircraft? Yes No
- e. Work in manufacturing facilities? Yes No
- f. Perform crime scene clean up? Yes No
- g. Perform restoration work involving water damage, fire damage, or mold? Yes No
- h. Perform landscaping or lawn maintenance? Yes No
- i. Wash exterior windows? Yes No
- j. Wash exterior windows at or above 3 stories? Yes No
- k. Perform clean up at construction sites? Yes No
- l. Perform floor stripping or floor waxing? Yes No
- m. Work in nursing homes or geriatric facilities? Yes No
- n. Sell any products under own name / label? Yes No

Describe any "yes" response: _____

4. Does the applicant have custody of the building keys? Yes No
5. Are all employees given criminal background checks? Yes No
6. Check any loss prevention controls in place:
- Safety committee
 - Posted physicians panels
 - Light duty return to work program
 - Written safety program
 - "Tool Box" safety talks
 - Other (Describe): _____
-

7. List largest jobs in progress.

	Customer Name	Location/Description	Cost
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____

8. List largest jobs completed within the past year.

	Customer Name	Location/Description	Cost
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____

REMARKS: