



Evanston Insurance Company
Markel American Insurance Company
Markel Insurance Company

JANITORIAL SUPPLEMENT

(Include Acord application)

APPLICANT INFORMATION:

Applicant's Name: _____ Location Address: _____
Mailing Address: _____

1. Mix of business: Commercial _____% Industrial _____% Residential _____%

2. Employee Data

	Number	Annual Payroll
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Owner(s) only	_____	\$ _____
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Employees (excluding clerical) Full-time	_____	\$ _____
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Employees (excluding clerical) Part-time	_____	\$ _____
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3. Leased or Subcontracted

	Number	Annual Cost
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Leased Employees	_____	\$ _____
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Independent Contractors*	_____	\$ _____
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* Do independents
provide you with
certificates of insurance?

☐ Yes ☐ No

4. Indicate annual sales for each of the following industries serviced:

Operations for	Annual Sales	Work done during business hours	
Aircraft	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Apartments	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Construction Make-Ready	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Convenience Stores, Grocery Stores and Supermarkets	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Convention Halls	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Crime Scene Cleanup	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Department Stores	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hospitals/Convalescent Homes	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hotels	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Offices	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Off-shore oil rigs	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Private Residences	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Retail Stores	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Schools/Colleges/Universities	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shopping Centers & Malls	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sports Complexes	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Transportation Terminals	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Theaters \$ _____
 Industrial \$ _____
 Other (describe) _____ \$ _____
Total Annual Sales: \$ _____

☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No

5. Type of operations performed: (Show sales figures for bolded operations)

Operation	Payroll/Sales
Carpentry	\$ _____
Carpet/Upholstery Cleaning	\$ _____
Construction Cleanup	\$ _____
<input type="checkbox"/> Interior <input type="checkbox"/> Exterior	\$ _____
Consulting	\$ _____
Equipment Rental	\$ _____
Floor Stripping/Waxing	\$ _____
Flood/Fire Cleanup	\$ _____
Janitorial – General Services	\$ _____
Janitorial Supply Retail/Wholesale	\$ _____
Landscaping/plant or shrub servicing	\$ _____
Painting	\$ _____
Pressure Washing	\$ _____
Recycling	\$ _____
Sandblasting	\$ _____
Security	\$ _____
Snowplowing	\$ _____
Restaurant Hood Cleaning	\$ _____
Window/Screen/Skylight cleaning	\$ _____
Machinery/Equipment clean/degrease	\$ _____
Other (describe) _____	\$ _____

6. Window Cleaning: Max. number of stories: _____ Scaffolding/rigging, if any ☐ Rented ☐ Owned

7. Please provide a brief description of any hazardous waste handled, storage of combustible material, and recyclables handled? _____

8. Are your employees bonded? ☐ Yes ☐ No

9. Attach a copy of applicant's standard contract.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

 Applicant's Signature

 Producer's Signature

 Date