



JANITORIAL, CARPET, RUG, FURNITURE AND WINDOW CLEANING QUESTIONNAIRE

Date

Producer:

Insured Name and Mailing Address:

Code

Subcode

Website Address

Effective Date

Expiration Date

Policy/Account Number

YES NO

1. Years in business? _____

2. If new venture, years in trade? _____

3. States operating in? _____

☐ ☐ 4. Multiple Named Insured's? If multiple Named Insured's, explain operations for each:

5. Annual Payroll: \$ _____

6. Annual Receipts: \$ _____

7. Annual subcontracted costs: \$ _____

☐ ☐ 8. If subcontracted labor, is there a written agreement in place?

☐ ☐ 9. Do you have a formal recordkeeping procedure to maintain copies of all contracts and certificates of insurance for at least the statute of repose?

If more than \$200,000 in annual subcontracted costs, please submit copy of subcontractor agreement.

_____ % Commercial _____ % Residential

**If sub costs > 50%, complete General Contractor supplemental*

10. Type of Projects (Check box if applicable)

☐ Carpet/Rug Cleaning

☐ Furniture & Upholstery

☐ Exterior Window Cleaning

☐ Power Washing

☐ Floor Waxing

☐ General Janitorial

☐ COVID Cleaning

☐ Building Exterior Clean

☐ HVAC Duct Cleaning

☐ Dryer Duct Cleaning

☐ Crime Scene Clean-up

☐ Cleaning of Industrial Equipment

☐ Mold Remediation

☐ Degreasing

☐ Hazardous Waste Clean-up

11. Clients:

☐ Homes

☐ Office

☐ Retail

☐ Plants

☐ Pharm/Clean Rooms

☐ Schools

☐ Airports

☐ Hospitals

☐ Supermarkets

☐ Hotel/Motels

☐ Nursing Homes

YES NO

- ☐ ☐ 12. Do you use temporary labor?
- ☐ ☐ 13. Do you perform background checks on employees
- ☐ ☐ 14. Do employees work in groups of 2 or more?
- ☐ ☐ 15. Do you also provide building maintenance services? If yes, describe:

Carpet, Rug, Upholstery Cleaning:

- ☐ ☐ 16. Do you provide storage for customer's goods?
- ☐ ☐ 17. Do you repair carpet or upholstery?
- ☐ ☐ 18. Do you sell cleaning products under your own label?

Window Cleaning:

19. What is maximum height of work (stories)?

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20. How are cleaning operation performed?

☐ Ground (Pole) ☐ Scaffold ☐ Aerial Lift ☐ Bucket Truck

- ☐ ☐ 21. Any cleaning of solar panels?
- ☐ ☐ 22. Does insured offer caulking services?

Auto Exposures:

Fleet Safety and Maintenance Program	<input type="checkbox"/>	MVR ordered at hire/annual	<input type="checkbox"/>
Distracted Driving Policy	<input type="checkbox"/>	MVR Driver Acceptability Criteria	<input type="checkbox"/>
Vehicle Personal Use Policy	<input type="checkbox"/>	Telematics	<input type="checkbox"/>

- ☐ ☐ Any hauling for others?

How many drivers have a CDL? _____

Workers' Compensation:

What is your annual turnover? _____ %

- ☐ ☐ Do you have a formal Safety Program in place?
- ☐ ☐ Do you have a return-to-work program?
- ☐ ☐ Any OSHA violations in the past?