

CBIC - JANITORIAL APPLICATION

Contractors Bonding and Insurance Company

1.	Agent/Broker Name and Address:	Agent E-mail:	
		Agent Fax #:	
		Agent Phone #:	
2.	Owner / Spouse Name and Street Address:	Social Security #:	
		Date of Birth:	
		Spouse SS#:	
3.	Additional Owner / Spouse Name and Street Address:	Social Security #:	
		Date of Birth:	
		Spouse SS#:	
4.	Company Name and Mailing Address:	Contractor License #:	
		Business License #:	
		Business Phone #:	
		Business E-mail:	
		Business Fax #:	
5.	Premises Address (if different from above)		
6.	Form of Business: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other _____		
	Years in Business? _____	How many Years Experience? _____	6a. PROPOSED EFFECTIVE DATE: _____
7.	Check (✓) the following: Liability Occurrence Limit: <input type="checkbox"/> \$150,000 * <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 Aggregate Limit: <input type="checkbox"/> Same as occurrence limit <input type="checkbox"/> Double occurrence limit Property Damage Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 *\$150,000 limit available in Oregon and Washington only		
8.	Estimate for the next 12 months:		
	Number of Active Owners	Number of Employees	*Employee Payroll
			**Subcontractor Cost
			Gross Sales
	*Annual Employee Payroll - do not include payroll for clerical, salespersons or owners **Subcontracted Costs = labor plus materials you purchase for your subcontractors and materials purchased by subcontractor		
9.	Where does applicant work?	States:	County(ies):
10.	Describe all operations in detail including trades performed by applicant and employees:		
11.	List other businesses owned or affiliated in any way with persons or entities named in the application within the last 10 years: Check if None <input type="checkbox"/>		
12.	State the percentage of work performed: Residential _____ % Commercial _____ % Industrial _____ % Manufacturing _____ % = 100%		
13.	Advise prior work experience if applicant in business less than 3 years (please attach resume):		

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14. List the trades of subcontractors you use or plan to use within the next year:

Check if None

15. If subcontractors will or have been used, check (✓) if applicant complies with the following:

- Certificates of Insurance with limits of liability for each occurrence equal to or greater than those provided by this policy will be obtained from all subcontractors prior to commencement of any work performed for the insured.
- Insured will obtain hold harmless agreements from subcontractors indemnifying against all losses from the work performed for the insured by any and all subcontractors.
- Insured will be named as additional insured on all subcontractors general liability policies.

16. List 3 largest jobs in the past 5 years, currently underway or planned:

Year	Description of Work	Gross Receipts

17. For each of the past 4 years, provide:

Year	*Annual Employee Payroll	Gross Annual Receipts (total revenue)	**Subcontracted Costs

*Annual Employee Payroll - do not include payroll for clerical, salespersons or owners

Subcontracted Costs = labor plus materials **you purchase for your subcontractors **and** materials purchased by subcontractor

18. Estimate the number of jobs performed annually (indicate Zero "0" if none):

- | | |
|---|--|
| _____ Floor Waxing | _____ Fire / flood damage restoration work |
| _____ Exterior window washing | _____ Power scrubbing, pressure washing |
| _____ Swimming pool cleaning | _____ Construction site clean-up |
| _____ Restaurant hood and duct cleaning | _____ Waterproofing / caulking |

19. Check (✓) all that apply for persons or entities named in the application:

Check if None

- | | |
|---|--|
| <input type="checkbox"/> Property management for others?

<input type="checkbox"/> Jobs performed at customer premises while open for business (i.e. office, store, etc)?

<input type="checkbox"/> Jobs performed in medical, hospital, clinics or assisted living facilities?

<input type="checkbox"/> Sell janitorial supplies or any other products?

<input type="checkbox"/> Had losses in the past 5 years? | <input type="checkbox"/> Had any prior insurance cancelled, declined or non-renewed?

<input type="checkbox"/> Operated for any period without insurance?

<input type="checkbox"/> Have knowledge of any existing problem on one of your jobs that may potentially give rise to any future claim or legal action against person or entities named in this application?

<input type="checkbox"/> Have any lawsuits or arbitrations or disputes pending in which you are being assisted by a lawyer? |
|---|--|

Explain all items that have been checked:

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PRIOR CARRIER INFORMATION:

1.		Year	Year	Year	Year	Year
	Policy Period:					
	Carrier:					
	Policy Number:					

BOND INFORMATION:

1.	Type of Bond:		2.	Bond Amount:
3.	Bond Term: <input type="checkbox"/> 1 Year <input type="checkbox"/> 3 Years			
4.	Are any covered employees responsible for the handling or transporting of any valuables owned by a customer of the insured?			<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Are any covered employees responsible for the handling of cash or negotiable securities that is the property of a customer of the insured?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

IMPORTANT: THIS AFFECTS THE VALIDITY OF YOUR POLICY - PLEASE READ BEFORE SIGNING

The undersigned, as a condition precedent to issuance of an insurance policy, hereby states that within the last 5 (five) years the Company listed below has made no claims against their insurance, has had no claims made against their insurance, has had no lawsuits or counter-claims filed against them, and has had no claims made against them which were tendered to, adjusted by, received by any insurance carrier, except as described below in "Exceptions/Claims History".

The undersigned acknowledges that this Certification is being relied upon by CBIC and is submitted to induce CBIC to issue insurance for the undersigned, and that if an undisclosed claim has occurred within the last 5 years, the submission of this Certification by the undersigned constitutes a material misrepresentation that will void or rescind their policy and eliminate insurance coverage (both for defense and indemnity), that they might otherwise have. In the event that CBIC were to make any payments under these circumstances, CBIC will seek reimbursement for such payments from the undersigned to the fullest extent allowed by law.

By signing this Certification the representative of the undersigned Company warrants that they have the knowledge and authority to bind the Company and to truthfully make the representation herein, and that for any claim or matter for which they are uncertain, they will not omit the matter but will instead state "unknown" the appropriate line below.

Exceptions/Claims History (attach additional sheet if necessary):

Year	Nature of Loss or Claim	Outcome

CBIC or its agents may periodically investigate my credit with any credit reporting agency or any other person or entity, and I authorize the release of any such information to CBIC. This application, including all supplements, attachments and responses to underwriter inquiries are incorporated into and become part of the insurance policy to the same extent as if physically attached.

Company: _____ By: _____
(Print or type Full Business Name) (Print Name)

Signed: _____ Date: _____
(Named Insured)