

LLOYDS of LONDON
JANITORIAL SUPPLEMENTAL QUESTIONNAIRE (03/01)

1. Name of Applicant _____
2. Years in Business ____ Years Experience ____ License # _____
3. Describe current and expected work: _____

4. Do you specialize in any janitorial service? Yes ____ No ____
If yes, please describe:

5. Percentage of work performed over the next 12 months:

Grocery Stores	____	Retail Establishments	____
		(i.e. mercantile stores, banks, restaurants)	
Office Buildings	____		
Residential Homes	____	Construction Clean-Up	____
		(for any general contractor)	
Debris Removal	____		
Hotels/Motels	____	Apartments/Townhomes/Condos	____
6. Maximum percent of floor cleaning/waxing/slip-resistant sealants (circle any that apply) at any one job:
____ If any, where is this type of work performed: _____

7. Gross Receipts \$ _____
8. Number of Owners ____
9. Number of Employees ____
10. Annual Employee Payroll \$ _____

Warranty: The purpose of this questionnaire is to assist in the underwriting process. Information contained herein is specifically relied on in determination of insurability. The undersigned, therefore, warrants that the information contained herein is true and accurate to the best of his knowledge, information, and belief. This questionnaire and the application shall be the basis of any insurance policy that may be issued and will be part of such policy.

INSUREDS SIGNATURE

DATE

PRIOR GENERAL LIABILITY LOSS WARRANTY LETTER

During the most recent five years, I/we represent, warrant, and affirm as a consideration of receiving General Liability insurance that:

1. I/we have had no losses; and,
2. I/we have had no claims or notices of claims made against me/us; and,
3. I/we have not been denied General Liability insurance, nor had similar coverage cancelled or non-renewed by any insurer; and,
4. I/we have no knowledge of any pending claim, or reason to expect a claim or loss resulting from our business activities. These representations are given to induce **Lloyd's, London** Insurance Company to provide General Liability insurance, and are true and correct.

There are no exceptions; or,
 Except (Explain fully): _____

Signature (Owner, Partner, Officer, etc.)

Title

Business Name

Date

This application does not bind the applicant nor the company to complete the insurance, but it is agreed that the information contained herein ARE MATERIAL REPRESENTATIONS BY THE APPLICANT, and shall be the basis of the contract should a policy be issued.

FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such a person to criminal and civil penalties.

Applicant's Signature: _____
Title: _____

Date: _____

Broker's Signature: _____

Date: _____

Important Notice: As a part of our underwriting procedure, a routine inquiry may be made to obtain application information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

NOTICE

1. THE INSURANCE POLICY THAT YOU ARE APPLYING TO PURCHASE IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED "NON-ADMITTED" OR "SURPLUS LINE" INSURERS.
2. THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT WHICH APPLIES TO CALIFORNIA LICENSED INSURERS.
3. THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.
4. CALIFORNIA MAINTAINS A LIST OF ELIGIBLE SURPLUS LINE INSURERS APPROVED BY THE INSURANCE COMMISSIONER. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST.
5. FOR ADDITIONAL INFORMATION ABOUT THE INSURER, YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER OR "SURPLUS LINE" BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE, AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-4357.

DATE

INSURED'S SIGNATURE