

STANLEY MCDONALD AGENCY OF ILLINOIS, INC.

Phone: (800) 344-3948 Fax: (888) 625-3501

CLEANING AND RESTORATION CONTRACTORS INSURANCE PROGRAM

APPLICATION – PLEASE COMPLETE EVERY SECTION

SECTION I – GENERAL INFORMATION

1. Name of Applicant: _____	Requested Effective Date: _____
DBA: _____ <i>(If applicable, include DBA or trade name)</i>	
2. Business Type: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Describe): _____	
3. Mailing Address: _____ <i>(Street)</i>	

<i>(City) (State) (Zip Code)</i>	
4. Physical/Warehouse Address: _____ <i>(Street)</i>	

<i>(City) (State) (Zip Code)</i>	
5. Any other locations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list separately: _____	

SECTION II – BUSINESS DATA

1. Year Business Started: _____	2. Year of Owners' Experience: _____						
3. Federal Employer ID Number: _____							
4. List Business Owners:	<table border="1"><thead><tr><th>Name</th><th>% Ownership</th></tr></thead><tbody><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></tbody></table>	Name	% Ownership				
Name	% Ownership						
5. Phone: _____ Fax: _____ E-mail: _____							
6. Does the Applicant currently own/operate any other businesses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____							
7. Does the Applicant own any Subsidiaries? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____							
8. Is the Applicant a Subsidiary of any other company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____							

SECTION III – OPERATIONS

1. Gross revenue for past year: \$ _____	
2. List your Gross Production Employees' Payroll associated with Each Type of Service – <u>DO NOT INCLUDE OWNER, CLERICAL OR SALES PAYROLL</u>	
Disaster Restoration and/or Carpet, Rug, Furniture and Upholstery Cleaning and/or Furniture or Woodwork Refinishing and Repairing	Janitorial Services and/or Maid Services
\$ _____	\$ _____
3. Total number of Employees: _____	
4. How many Owners perform Production and/or Field Work? _____ Owners Performing Production/Filed Work Will Have A Flat \$20,000 Payroll Added To The Above Payroll Figure	
5. Do you perform any services not included above? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe services: _____	
6. Do you do any Biohazard, Medical and/or Hazardous Waste Removal and/or Cleaning? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe services: _____	

SECTION IV – SUBCONTRACTORS

1. Do you subcontract work to others? <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>If yes, answer questions A-F.</u>
A. Do you act as the General Contractor only as it relates to your Disaster Restoration operations? <input type="checkbox"/> Yes <input type="checkbox"/> No
B. What percentage of your non-cleaning operations are subcontracted? _____%
C. What percentage of just your cleaning operations are subcontracted? _____%
D. What type of your work is subcontracted? _____
E. Do you obtain a Certificate of Insurance from each Subcontractor, showing General Liability Limits of at least \$1,000,000? <input type="checkbox"/> Yes <input type="checkbox"/> No
F. Are all Subcontractors required to contractually hold you harmless? <input type="checkbox"/> Yes <input type="checkbox"/> No
G. Are you listed as an additional insured on each Subcontractor's General Liability Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION V – SAFETY RISK/MANAGEMENT

1. Describe training program for new employees? _____
2. Is each customer required to sign a service contract that includes a disclaimer waiving your responsibility should the customer have an adverse reaction to your cleaning products and/or should you be unable to clean or repair the customer's property? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is a license required to operate in your state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide license number: _____

SECTION VI – PACK-OUTS/PERSONAL PROPERTY OF OTHERS

1. Do you store or clean Customer's property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>IF NO, SKIP TO NEXT SECTION, IF YES ANSWER QUESTION 2-12.</u>	
2. Do you complete an inventory of all stored property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you store: jewelry, antiques, collectibles, electronics, guns, furs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A. If yes, how do you safeguard these items? _____	

4. Do you ask Customers if any special handling/storage is required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A. If yes, are instructions put into writing and signed by customer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Do customers sign off on pre-existing damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you pack-out and store items that are not part of a restoration loss?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you subcontract work to any Moving Companies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A. If yes, do you require a damage waiver from the Moving Company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Do you provide any moving services unrelated to your Disaster Restoration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. When completing a partial move-back, do you inventory returned items?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Is customer required to sign off that all items have been returned?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Do you store your Customer's property at other locations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>If yes, answer questions A-C.</u>	
A. Please describe the type of location: _____	
B. Are the locations inspected for leaks and other defects?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Are the locations secured for fire or theft?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are employees trained to properly move customers property?	<input type="checkbox"/> Yes <input type="checkbox"/> No

ANY POLICY QUOTED MAY BE SUBJECT TO A MINIMUM POLICY PREMIUM.

Applicant's Signature

APPLICANT: I UNDERSTAND THAT THIS APPLICATION FOR INSURANCE AND ANY POLICY ISSUED AS A RESULT OF THE APPROVAL OF THIS APPLICATION WILL **ONLY** PROVIDE INSURANCE FOR DISASTER RESTORATION, JANITORIAL AND/OR MAID SERVICE OPERATIONS. I FURTHER UNDERSTAND THAT NO COVERAGE WILL BE PROVIDED FOR ANY OTHER BUSINESSES, OPERATIONS OR SERVICES UNLESS THEY ARE SPECIFICALLY ADDED TO ANY POLICY ISSUED FOR AN ADDITIONAL PREMIUM.

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 IS GUILTY OF INSURANCE FRAUD. THIS IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. (FOR NEW YORK INSUREDS: AN ACT OF INSURANCE FRAUD SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED \$5,000 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)

Applicant's Signature:		Date:	
Applicant's Name:		Applicant's Title:	