Mt. Hawley Insurance Company
A Subsidiary of RLI Insurance Company

General Liability Insurance Application For Janitorial Services

9025 N. Lindbergh Drive
Peoria, IL 61615
www.rlisecurity.com

(Submissions email: securitysubs@rlicorp.com)

General Information

1. Name _____

2. Physical address _____

3. Mailing address _____

4. Effective date requested _____ Date current coverage expires _____

5. Contact Person _____ Telephone # _____
Email address _____ Fax # _____

6. Date established _____ FEIN # _____
License # _____

7. ☐ Individual ☐ Partnership ☐ Joint Venture ☐ Trust ☐ Limited Liability Company
☐ Organization (Other than Partnership, Joint Venture, or Limited Liability Company)

8. Have you ever operated under another name? ☐ Yes ☐ No
Name of entity _____

9. Industry experience _____
_____

Coverage & Limits Section

10. Limits requested ☐ $1M/$2M ☐ $1M/$3M ☐ $1M/$4M ☐ $1M/$5M ☐ Other _____

11. Deductible requested ☐ $0 ☐ $1,000 ☐ $2,500 ☐ $5,000

12. Do you require any of the below coverages to fulfill client contract requirements?
Please note that some of these coverages may require additional premium.
☐ Additional Insured ☐ Employee Benefits Liability ☐ Hired/Non-owned Auto
☐ Per Project Aggregate ☐ Primary Wording ☐ Stop Gap ☐ Waiver of Subrogation
Do you have a primary commercial auto policy in force? ☐ Yes ☐ No

13. Do you require excess/umbrella coverage? ☐ Yes ☐ No
If "Yes," what limit is needed? ☐ $1M ☐ $2M ☐ $3M ☐ $4M ☐ $5M
If excess/umbrella coverage is required please complete the Excess Liability application.

Janitorial Section

14. Estimated annual janitorial payroll $_____

15. Number of employees _____ Full time _____ Part time _____

16. Please provide percentage breakdown for all janitorial services by industry type below.

Industry Type	% Of Total Operations	Industry Type	% Of Total Operations
Aircraft	%	Off-Shore Oil Rigs	%
Apartments	%	Private Residences	%
Construction Make-Ready	%	Retail Stores	%
Convenience Stores/Grocery Stores/ Supermarkets	%	Schools/Colleges/Universities	%
Convention Halls	%	Shopping Centers and Malls	%
Crime Scene Cleanup	%	Sports Complexes	%
Department Stores	%	Transportation Terminals	%

Hospitals	%	Theaters	%
Hotels	%	Other	%
Industrial	%	Please describe:	
Offices	%		

17. Please provide percentage breakdown for all janitorial services by operation type below.

Operation	**% Of Total Operations**	**Operation**	**% Of Total Operations**
Carpentry	%	Pressure Washing	%
Carpet/Upholstery Cleaning	%	Recycling	%
Consulting	%	Sandblasting	%
Equipment Rental	%	Snowplowing	%
Floor Stripping/Waxing	%	Restaurant Hood Cleaning	%
Janitorial – General Services	%	Window Cleaning – Below 3 Stories	%
Janitorial Supply Retail/Wholesale	%	Window Cleaning – Above 3 Stories	%
Landscaping/Plant or Shrub Servicing	%	Other	%
Machinery/Equipment Cleanup/Degreasing	%	Please describe:	
Painting	%		

18. If you provide exterior window cleaning, please advise the maximum number of stories. _____

19. Do you use scaffolds or rigging? ☐ Yes ☐ No

20. Describe your procedures for the following:

a. Prevention of slips and falls for workers and the general public: _____

_____

b. Use and storage of hazardous materials: _____

_____

c. Protection of customer's keys: _____

_____

Policy Information

21. Please provide prior year policy information below.

Please attach five (5) years of currently valued loss history.

Category	**Current Year**	**First Prior**	**Second Prior**	**Third Prior**	**Fourth Prior**
Carrier					
Premium					
Payroll					
Deductible					
Incurred Losses					

22. Have any claims been made over the last five (5) years? ☐ Yes ☐ No

23. Do you have any knowledge of incidents that could lead to a claim in the future? ☐ Yes ☐ No

If "Yes," please explain. _____

24. Has your insurance been cancelled, declined or non-renewed in the last three (3) years? ☐ Yes ☐ No

If "Yes," please explain. _____

25. Total number of clients _____

26. Please list your six (6) largest clients:

_____ _____

_____ _____

_____ _____

Fraud Warnings

Warning – Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for purposes or misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Alabama – 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 restitution fines or confinement in prison, or any combination thereof.
Arkansas – 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.
Colorado – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
District of Columbia – WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant. [DC Code]
Florida – Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Kentucky – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.
Louisiana – 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.
Maine – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.
Maryland – Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
New Jersey – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico – 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 civil fines and criminal penalties.
New York – 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.
Ohio – Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
Oklahoma – WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Pennsylvania – 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 person to criminal and civil penalties.
Rhode Island – 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 of a crime and may be subject to fines and confinement in prison.
Tennessee – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
Virginia – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
Washington – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
West Virginia – 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.

Signature Section

Notice to applicants: this application must be completed in full as the quote will be based solely on the information provided. Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. By signing this application, the signor warrants that to their best knowledge all information given is true and accurate.

Principal, Owner or Officer Signature	Title
Principal, Owner or Officer Printed Name	Date