

### MaintenancePro Supplemental Questionnaire

Risk Name: \_\_\_\_\_ Risk website address: \_\_\_\_\_

FEIN: \_\_\_\_\_ Date Business Started: \_\_\_\_\_

**ELIGIBILITY**

Number of Owners: \_\_\_\_\_ Payroll for Owners \$: \_\_\_\_\_ Number of employees: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Total Employee Payroll (non-owners) \$: \_\_\_\_\_ Total Sales: \$ \_\_\_\_\_

Number of Subcontractors: \_\_\_\_\_ Total Annual Subcontractor Cost \$: \_\_\_\_\_

Type of Work Subcontracted: \_\_\_\_\_

Do you obtain certificates of insurance from all subcontractors?  Yes  No

Are you added as an additional insured to the subcontractors' policy?  Yes  No

List all states the applicant operates in: \_\_\_\_\_

**Enter the percentage (%) of the payroll or sales that are generated from the following operations.**

Total must equal 100%. Exclude work that the insured subcontracts. Percentages based on: (check one)  Payroll or  Sales

- |   |  |  |
|---|--|--|
| _____ Janitorial Services<br><i>(Vacuuming, Dusting, Waste Basket Trash Pick-up, Restroom Cleaning, All Interior Window Cleaning and Grade Level Exterior Cleaning)</i> | _____ Painting                                       | _____ Wall Cleaning & Power Washing      |
| _____ Restoration Services<br><i>(Fire, Smoke or Water damage)</i>  | _____ Window Washing                                 | _____ Landscaping                        |
| _____ Medical Facilities, Crime or Accident Scene <i>(Biohazard)</i>  | _____ Floor Stripping, Polishing, Waxing, Degreasing | _____ Industrial Equipment Cleaning      |
|   | _____ Chimney & Fireplace Cleaning                   | _____ Carpet, Upholstery, Cubicle Panels |
|   | _____ Other. Describe: _____                         |  |

**Indicate the percentage (%) of sales during the past year for each of the following LOCATIONS:**

- |  |  |   |
|--|--|---|
| _____ Casinos  | _____ Health Care Research Facilities            | _____ Retail Establishments                         |
| _____ "Clean Rooms"  | _____ Schools; Day Care Centers                  | _____ Entertainment & Leisure; Casinos/Cruise Ships |
| _____ Construction / Developers  | _____ Stadiums/ Arenas/Convention Centers        |   |
| _____ Transportation: Rest Stops, Bus, Train, or Cruise Ship Terminals | _____ Transportation: Aircraft, Buses, or Trains | _____ Refineries or Petrochemical Facilities        |
| _____ Museums  | _____ Residential Locations                      | _____ Offices                                       |
| _____ Governmental; Other than Offices                                 | _____ Other. Describe: _____                     |   |

**Please answer the following questions:**

- 1 Any work performed in the following: (circle one) Five Boroughs of NYC, Cook County, IL , Harris or Jefferson County, TX?
- 2 How many job sites does a typical crew clean per shift? \_\_\_\_\_
- 3 Do over 50% of employees use their own autos in the business?  Yes  No
- 4 Is a significant portion of your business concentrated in one or two large premises?  Yes  No
- 5 Are single person jobs limited to experienced staff?  Yes  No
- 6 Do you clean during clients' business hours?  Yes  No If yes, what operations are performed during business hours?  
\_\_\_\_\_
- 7 Any exterior window cleaning above the third floor level?  Yes  No
- 8 List exterior support equipment used to reach heights **and** assembler's experience.  
\_\_\_\_\_
- 9 How are flammable and combustible substances stored at your premises?  
\_\_\_\_\_
- 10 Do you use any products of your own manufacture?  Yes  No
- 11 Are other's products used under your label?  Yes  No
- 12 Do you sell cleaning supplies to the public?  Yes  No
- 13 How are client's keys stored? \_\_\_\_\_
- 14 How do you prevent third party access to equipment left at work sites overnight?  
\_\_\_\_\_
- 15 What measures are in place to prevent property damage or injury to persons around the work area?  
\_\_\_\_\_
- 16 Please describe the safety program you have in place.  
\_\_\_\_\_
- 17 Have you ever been cited for any OSHA violations in the last three years? If YES, please explain.  Yes  No
- 18 \_\_\_\_\_
- 19 Have you ever been named in claims and/or litigation regarding faulty or defective workmanship?  Yes  No
- 20 If yes, provide detail on claims/litigation and how the issue was corrected?  
\_\_\_\_\_
- 21 Do you have knowledge of any pre-existing act, omission event, condition or damages to any person or property that may potentially give rise to any future claim or legal action? If YES, please describe.  Yes  No  
\_\_\_\_\_
- 22 How many employees use their personal vehicle for business operations? \_\_\_\_\_
- 23 Do you check your employee's individual personal auto insurance to make sure they carry limits of at least \$100,000/\$300,000?  Yes  No
- 24 How often do you check your employees' MVRs after hiring? \_\_\_\_\_

Producer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_