

Chris-Leef General Agency, Inc.
P.O. Box 3747 Shawnee Mission, KS. 66203
(913) 631-1232 (913) 631-1128 fax
(800) 548-0491 (800) 383-1235 fax
contract@chris-leef.com

Janitorial (Commercial / Residential) General Liability Application

Applicant's Name _____
Mailing Address _____

Location _____

Agent Name _____
Address _____

PROPOSED EFFECTIVE DATE:
From _____ To _____
12-01 A.M. standard Time at the address of the Applicant

Applicant is: Individual Corporation Partnership Joint Venture Other (specify): _____

| LIMITS OF LIABILITY REQUESTED | PREMIUMS |
|--|-----------------------|
| General Aggregate \$ | Premises / Operations |
| Products & Completed Operations Aggregate \$ | |
| Personal & Advertising Injury \$ | Products |
| Each Occurrence \$ | |
| Fire Damage (any one fire) \$ | Other |
| Medical Expense (any one person) \$ | |
| Other Coverages, Restrictions, and/or Endorsements | Total |
| Deductible \$ | \$ |

A. How long has applicant been in business? _____ Total number of employees _____

B. Does applicant have Workers' Compensation coverage in force? _____

C. Does applicant lease employees? _____

D. Describe operations of applicant

- | | |
|---|--|
| <input type="checkbox"/> Office buildings _____ % | <input type="checkbox"/> Apartment buildings _____ % |
| <input type="checkbox"/> Industrial buildings _____ % | <input type="checkbox"/> Hotels _____ % |
| <input type="checkbox"/> Shopping mail /center _____ % | <input type="checkbox"/> Theaters/movie houses _____ % |
| <input type="checkbox"/> Supermarkets /dept. stores _____ % | <input type="checkbox"/> Hospitals _____ % |
| <input type="checkbox"/> Retail stores _____ % | <input type="checkbox"/> Sports complex _____ % |
| <input type="checkbox"/> Terminals _____ % | <input type="checkbox"/> Convention halls _____ % |
| <input type="checkbox"/> Airport | <input type="checkbox"/> Private residences _____ % |
| <input type="checkbox"/> Railroad | |
| <input type="checkbox"/> Bus | |
| <input type="checkbox"/> Shipyard | |

Window cleaning _____ Maximum number of stories _____ Scaffolds/rigging _____ Rented Owned
Contract with _____

E. Annual payroll information: Window Cleaning (99975) \$ _____ Janitorial (96816) \$ _____
 Carpet Cleaning (91405) \$ _____ Other \$ _____
 Floor Waxing (94590) \$ _____

F. Does risk store L.P.G., flammable liquids, ammution or explosives on the premises? _____
 If so, type and quantity stored _____

G. Does risk lend, lease, or rent any equipment to others? If so, state the type of equipment involved and the gross receipts derived therefrom.

H. Does applicant subcontract work? _____ If so, state type _____
 Are certificates of insurance required from all subcontractors? _____

I. During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant? (Not applicable in Missouri) Yes No If yes, explain _____

Previous Insurer: Indicate premium and losses for the past three years. Describe all losses.

| YEAR | COMPANY | POL.# | PREMIUM | LOSSES PAID | LOSSES RESERVED | DESCRIPTION |
|------|---------|-------|---------|-------------|-----------------|-------------|
| | | | | | | |
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SCHEDULE OF HAZARDS

| Loc. No. | Classification | Class. Code | Premium Bases: (s) Gross Sales (p) Payroll (a) Area (c) To Cost (t) Other | Terr. | Rate | | Premium | |
|----------|----------------|-------------|--|-------|----------|---------------------|----------|---------------------|
| | | | | | Prem/Ops | Products/Comp. Ops. | Prem/Ops | Products/Comp. Cos. |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |

APPLICANT'S SIGNATURE _____ Date _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION / AUDIT _____

ANSWER ALL QUESTIONS - IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE