Commercial Janitorial Services Supplemental Application

Workers Comp Supplemental Application – **August 2017 Edition**

Applicant Name: _____	**Eff Date:** _____
Fein #: _____	**Website Address:** _____

SAFETY PROGRAM – WORK PREMISES, ENVIRONMENT, AND BENEFITS

Are owners active in daily operations?	Yes ☐ No ☐	If yes, are they excluded from coverage?	Yes ☐ No ☐
Corporation – Does Officer or Director have 15% minimum ownership?	Yes ☐ No ☐ NA ☐		
Partnership or LLC – Is the excluded person a General Partner or Managing Member?	Yes ☐ No ☐ NA ☐		
Active formal written safety program?	Yes ☐ No ☐		
Active safety incentive program?	Yes ☐ No ☐	If yes, does it include all employees?	Yes ☐ No ☐
What type of incentive? _____		Average Hourly Wage? _____	
Do employees receive safety orientation & training?	Yes ☐ No ☐	If Yes: Formal/Documented ☐ Informal ☐	
Are safety meetings conducted?	Yes ☐ No ☐	If yes, how often? ☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly	
Return to Work Program/Modified Duty?	Yes ☐ No ☐	If yes, please describe _____	
Doe Employer Provide Group Medical?	Yes ☐ No ☐	If Yes, Name of Provider? _____	

HIRING PRACTICES

Written Employment Application?	Yes ☐ No ☐	Pre Hire Drug Testing?	Yes ☐ No ☐
Reference Checks?	Yes ☐ No ☐	I9 Verification on All New Hires?	Yes ☐ No ☐
MVR Checks?	Yes ☐ No ☐	Pre Employment Physicals?	Yes ☐ No ☐
Driver Acceptability Standards?	Yes ☐ No ☐	- If Yes, Provide Details: _____	

JANITORIAL CLEANING SERVICES

* **Includes** operations such as vacuuming, dusting, wastebasket trash pick-up, floor & rug cleaning, restroom clean-up

CHECK ALL CUSTOMERS THAT APPLY – Provide % of total sales

Offices ___ %	Hotels ___ %	Apts/Condos ___ %	Retail ___ %	Hospitals/Medical Facilities ___ %	Schools: ___%

SERVICES PROVIDED: (Check All That Apply Below)

☐ General Cleaning *	☐ Carpet Cleaning	☐ Floor waxing	☐ Exterior Window Cleaning – Over single story
☐ Exterior Cleaning Services? Yes ☐ No ☐		If Yes, Please Describe:	
☐ Construction Site Cleanup? Yes ☐ No ☐		Crime Scene Cleanup Yes ☐ No ☐	
Sub-Contractors Used? Yes ☐ No ☐	Annual Cost? _____	Certificates Obtained? Yes ☐ No ☐	
Manual Lifting or Moving > 25 Lbs? Yes ☐ No ☐		If Yes, Please decribe: _____	
Any Cleaning Supplies Used Other Than Standard Commercial? Yes ☐ No ☐		If Yes, Describe: _____	
_____		If Yes, Are MSDS Available? Yes ☐ No ☐	
Do Employees Work in Teams? Yes ☐ No ☐	Avg # of EE's per Team? ____	Maximum # of EE's per Team? _____	
Use Co Owned Vehicles? Yes ☐ No ☐	Vehicles Taken Home? Yes ☐ No ☐ NA ☐	Family Use Policy? Yes ☐ No ☐ NA ☐	
Do Employees Use Personal Vehicle? Yes ☐ No ☐ NA ☐		Require Proof of Insurance? Yes ☐ No ☐ NA ☐	
Inspect Personal Vehicles? Yes ☐ No ☐ NA ☐	If Yes, How Often?	Proof of Maintenance? Yes ☐ No ☐ NA ☐	
Driving Guidelines for Cell Phone Usage & Seatbelts? Yes ☐ No ☐		If Yes, Please describe: _____	
Hours of Operation: ____ to ____	Avg # of Jobs per Day? _____	Radius of Operations: _____	24 Hr? Yes ☐ No ☐

Completed by: _____ **Date:** _____ **Email Address:** _____