



JANITORIAL SUPPLEMENTAL INFORMATION

INSURED NAME: _____ DATE: _____

AGENCY: _____ AGENT NAME: _____

1. About the insured's employees:

How many workers do they employ full-time?	How many workers do they employ part-time?	How many seasonal employees?	What are their ages?	What are their duties?	What are their experience levels?	What is their training?

2. Are all employees required to provide a signed US Department of Justice Form I-9 for verification of employment eligibility? Yes _____ No _____ If no, explain _____

3. What are the insured's hours of operation? _____ to _____

4. Percentage of Residential: _____% Commercial : _____%

5. Are non-English speaking employees hired? Yes _____ No _____ If so, does the insured have supervisors that are bilingual? Yes _____ No _____

6. Are employees trained on proper lifting, advised to seek help to lift heavy items and taught proper safety techniques and rules? Yes _____ No _____

7. Are employees provided with proper material handling devices? Yes _____ No _____

8. Is Personal Protective Equipment (PPE) provided for the employees such as work gloves, safety goggles, and safety shoes? Yes _____ No _____ Are employees required to wear nonslip shoes? Yes _____ No _____

9. Are Material Safety Data Sheets (MSDSs) supplied to all employees who work with chemicals? Yes _____ No _____

10. How is the insured's equipment storage arranged and organized? _____

11. Does the insured perform any work above ground level? Yes _____ No _____ If so, how many stories? _____

12. Are ladders or scaffolding inspected prior to use? Yes _____ No _____ And are they equipped with nonslip bases and tread surfaces? Yes _____ No _____

13. Are company vehicles provided or do employees use personal vehicles to drive to/ from work site? _____ Does the insured have a safe driver program in place? Yes _____ No _____

14. Are first aid kits provided at premises and jobsite? Yes _____ No _____ Are eyewash stations available at jobsite or premises? Yes _____ No _____