



**Insurors  
Indemnity**

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### **JANITORIAL SERVICE QUESTIONNAIRE**

Date: \_\_\_\_\_

Named Insured: \_\_\_\_\_

Address: \_\_\_\_\_

Describe general operation of prospect (any exterior maintenance or repairs)? \_\_\_\_\_

Is work performed during client's business hours? \_\_\_\_\_

Are employees supervised as they work? \_\_\_\_\_

Does prospect use any leased employees or uninsured temporary workers? \_\_\_\_\_ # \_\_\_\_\_

What chemicals are used? \_\_\_\_\_

Are material Safety Data Sheets readily available for each product? \_\_\_\_\_

What procedures are in place to communicate hazards? \_\_\_\_\_

Where and how are the chemicals stored? \_\_\_\_\_

Does the prospect sell any private label products? \_\_\_\_\_ If yes, what? \_\_\_\_\_

Are employees properly trained and knowledgeable regarding the use and hazards of the chemicals? \_\_\_\_\_

Will business operations include cleaning and waxing of floors for grocery stores? \_\_\_\_\_

Will business operations include cleaning or service of restaurant hood and duct systems? \_\_\_\_\_