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WORKERS COMPENSATION BUILDING OPS / JANITORIAL SUPPLEMENT

Name of Agent: _____

Please circle the answer on the following operational questions.

Exterior window cleaning	Yes	No
Fire Damage restoration work		Yes
No		
Steam cleaning /other exterior work	Yes	No
Scaffold work	Yes	No
Flue cleaning	Yes	No
Emergency clean up	Yes	No
Exterminators	Yes	No
Specialty Contractors engaged in residential chimney / boiler cleaning	Yes	No

Please describe in detail any “yes” questions and any other detail on the operation that may not be listed above:

Date

Agent or Insured Signature

“We Can Do It”