

ServiceMaster COVID -19 supplemental application

Applicant's name:		
How many years have you actively been a ServiceMaster franchise?		
Please check to which franchise group you are	re a member: ServiceMaster Restore ServiceMaster Clean	
Have you attended and completed training provided by ServiceMaster as related to COVID-19 response actions? Yes No		
Have you attended and completed training provided by ServiceMaster as related to Proper PPE procedures related to COVID-19? Yes No		
Do you currently have on hand and utilize prop	oper PPE for COVID-19 disinfection services? Yes No	
Do you screen individuals/residents at any given job site for suspected exposure to COVID-19 or other illness? Yes No		
Do you utilize ServiceMaster's recommended work authorization form including indemnity provisions associated with viruses? Yes No		
If no, please provide a complete copy of your standard work authorization form or contract used with clients.		
Do you plan to perform any COVID-19 respons	nse or disinfection work in the next 12 months? Yes No	
If yes, please provide your projected revenue for COVID-19 response or disinfection work for the next 12 months:		
true and the undersigned has not suppressed or misstated any material facts and agrees that this declaration shall be the basis of any contract between the Applicant and GuideOne Insurance. The undersigned authorized officer understands that GuideOne will rely on the information provided herein and agrees that if any information supplied on the application changes between the date of the application and the effective date of the insurance, the undersigned will immediately notify GuideOne of such changes. GuideOne has the sole and absolute discretion, at any time, to accept or reject this application.		
Signing this form or submission of payment does not bind the applicant or GuideOne to complete the insurance. however, if coverage is bound, this application and any additional information provided by the applicant becomes a part of the policy.		
Signature		
Title		
Date		

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