

# Mackinaw Underwriters, Inc.

## *BUILDING MAINTENANCE SUPPLEMENT*

**Insured's Name:** Click or tap here to enter text.

**Supplement Completed By:** Click or tap here to enter text.

**Date:** Enter Date.

Question	Yes	No
1. Please provide a description of the operations:	Click or tap here to enter text.	
2. How many locations do they service, and what service is provided at each location?	Click or tap here to enter text.	
3. What is the radius of operations?	Enter Value	
4. Do they provide transportation for employees?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, how many passengers per vehicle?	Enter Value	
5. Do employees service multiple locations per shift?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, what is the maximum number of locations serviced per shift?	Enter Value	
6. Does this risk clean exterior windows above ground level?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does this risk perform floor refinishing?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are pesticides and herbicides used?	<input type="checkbox"/>	<input type="checkbox"/>
a. If so, do they use certified applicators?	<input type="checkbox"/>	<input type="checkbox"/>
9. What type of safety procedures or training is in place?	Click or tap here to enter text.	