

CARPET CLEANING/JANITORIAL SMART APP

DATE: _____

COMPANY NAME: _____ CONTRACTOR'S LIC #: _____ YEARS IN BUSINESS: _____

CONTACT: _____ PHONE: _____ FAX: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

ENTITY IS: INDIVIDUAL PARTNERSHIP JOINT VENTURE CORPORATION OTHER:

NUMBER OF ACTIVE OWNERS: _____ NUMBER OF EMPLOYEES: _____ FULL TIME: _____ PART TIME: _____

ESTIMATED LABOR-EMPLOYEE PAYROLL FOR THIS TERM/YEAR: _____ PAST TERM/YEAR: _____

ESTIMATED RECEIPTS FOR THIS TERM/YEAR: _____ PAST TERM/YEAR: _____

DESCRIBE APPLICANT'S EXACT OPERATIONS: _____

WHAT PERCENT OF WORK (GROSS RECEIPTS) IS/ARE: (TOTAL MUST = 100%)

FIRE/WATER RESTORATION: _____ % VERSES CARPET CLEANING/JANITORIAL: _____ %

ANY STRUCTURAL WORK? (DESCRIBE): _____

TYPE OF WORK SUBCONTRACTED: _____

PRIOR CARRIER(S), DATE(S) AND PREMIUMS: _____

COVERAGES INTERESTED IN

- | | |
|---|---|
| <input type="checkbox"/> POLLUTION LIABILITY WITH MOLD | <input type="checkbox"/> WORKMANS COMPENSATION |
| <input type="checkbox"/> TRANSPORTATION POLLUTION LIABILITY | <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY |
| <input type="checkbox"/> PROFESSIONAL LIABILITY | <input type="checkbox"/> COMMERCIAL AUTO |
| <input type="checkbox"/> OTHER _____ | |

COMMENTS: _____

To Read More About THE CRA ADVANTAGE Insurance Programs Coverage

[**CLICK HERE**](#)