



SMA Insurance Group, Inc.
Solutions for life's ifs and whens

CARPET, FURNITURE AND UPHOLSTERY CLEANING SERVICES APPLICATION
PLEASE COMPLETE EVERY SECTION

SECTION I – GENERAL INFORMATION

1. Name of Applicant: _____	Requested Effective Date: _____
DBA: _____ <i>(If applicable, include DBA or trade name)</i>	
2. Business Type: Individual Partnership LLC Corporation Other (Describe) : _____	
3. Mailing Address: _____ <i>(Street)</i>	

<i>(City)</i>	<i>(State)</i>
	<i>(Zip Code)</i>
4. Physical/Warehouse Address: _____	
<i>(Street)</i>	

<i>(City)</i>	<i>(State)</i>
	<i>(Zip Code)</i>
5. Any other locations? Yes No	
If yes, please list separately: _____	

SECTION II – BUSINESS DATA

1. Year Business Started: _____	2. Year of Owners' Experience: _____						
3. Federal Employer ID Number: _____							
4. List Business Owners:	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:70%; padding: 5px;">Name</th> <th style="width:30%; padding: 5px;">% Ownership</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> </tbody> </table>	Name	% Ownership				
Name	% Ownership						
5. Phone: _____ Fax: _____ E-mail: _____							
6. Does the Applicant currently own/operate any other businesses? Yes No							
If yes, please explain: _____							
7. Does the Applicant own any Subsidiaries? Yes No							
If yes, please explain: _____							
8. Is the Applicant a Subsidiary of any other company? Yes No							
If yes, please explain: _____							

SECTION III – OPERATIONS

1. Gross revenue for past year: \$ _____
--

2. List your **Gross Production Employees' Payroll** associated with Each Type of Service –
DO NOT INCLUDE OWNER, CLERICAL OR SALES PAYROLL

Carpet, Rug, Furniture and Upholstery Cleaning	
\$	

3. Number of FT Employees: _____ Number of PT Employees: _____

4. How many Owners perform Production and/or Field Work? _____

Owners Performing Production/Filed Work Will Have A Flat Payroll Added To The Above Payroll Figure

5. Do you perform any services not included above? Yes No

If yes, describe services: _____

6. Do you do any Biohazard, Medical and/or Hazardous Waste Removal and/or Cleaning? Yes No

If yes, describe services: _____

SECTION IV – SUBCONTRACTORS

1. Do you subcontract work to others? Yes No

If yes, answer questions A-F.

A. Do you act as the General Contractor only as it relates to your Disaster Restoration operations? Yes No

B. What percentage of your non-cleaning operations are subcontracted? _____ %

C. What percentage of just your cleaning operations are subcontracted? _____ %

D. What type of your work is subcontracted? _____

E. Do you obtain a Certificate of Insurance from each Subcontractor, showing General Liability Limits of at least \$1,000,000? Yes No

F. Are all Subcontractors required to contractually hold you harmless? Yes No

G. Are you listed as an additional insured on each Subcontractor's General Liability Policy? Yes No

SECTION V – SAFETY RISK/MANAGEMENT

1. Describe training program for new employees? _____

2. Is each customer required to sign a service contract that includes a disclaimer waiving your responsibility should the customer have an adverse reaction to your cleaning products and/or should you be unable to clean or repair the customer's property? Yes No

3. Is a license required to operate in your state? Yes No

If yes, please provide license number: _____

SECTION VI – PACK-OUTS/PERSONAL PROPERTY OF OTHERS

1. Do you clean Customer's Property at Your Location? Yes No

If Yes, Maximum value of Customers' property at one time?

2. Do you store Customers' Property? Yes No

IF NO, SKIP TO NEXT SECTION, IF YES ANSWER QUESTION 2-12.

3. Do you complete an inventory of all stored property? Yes No

4.	Do you store: jewelry, antiques, collectibles, electronics, guns, furs?	Yes	No
A. If yes, how do you safeguard these items? _____			
5.	Do you ask Customers if any special handling/storage is required?	Yes	No
A. If yes, are instructions put into writing and signed by customer?			
6.	Do customers sign off on pre-existing damage?	Yes	No
7.	Do you pack-out and store items that are not part of a restoration loss?	Yes	No
8.	Do you subcontract work to any Moving Companies?	Yes	No
A. If yes, do you require a damage waiver from the Moving Company?			
9.	Do you provide any moving services unrelated to your Disaster Restoration?	Yes	No
10.	When completing a partial move-back, do you inventory returned items?	Yes	No
11.	Is customer required to sign off that all items have been returned?	Yes	No
12.	Do you store your Customer's property at other locations?	Yes	No
If yes, answer questions A-C.			
A. Please describe the type of location: _____			
B. Are the locations inspected for leaks and other defects?			
		Yes	No
C. Are the locations secured for fire or theft?			
		Yes	No
13.	Are employees trained to properly move customers property?	Yes	No
14.	Maximum Value of Customers' Items stored at any one time?		

SECTION VII – PROPERTY AND LOCATION INFORMATION

1.	Do you own or lease your space?	Own	Lease
2.	Is your space a home office?	Yes	No
3.	Year Built?	4.	Number of Stories?
5.	Square Feet Occupied?		
6.	Construction Type? Frame: Joist Masonry: Non-Combustible: Other:		
7.	Roof Material:	8.	Year Installed/Replaced:
9.	Have Electrical, HVAC, & Plumbing Systems been updated/inspected in past 20 Years?	Yes	No
A. If yes, please provide the year updated			
Electrical:		HVAC	
Plumbing:			
10.	Sprinkler System?	Yes	No
11.	Burglar Alarm?	Yes	No
A. If yes, is it a central station alarm?			
		Yes	No
12.	Replacement Cost of Building (If Owned):		
13.	Replacement Cost of Office Equipment, Furniture & Fixtures:		
10.	Replacement Cost of Cleaning Equipment & Supplies:		

ANY POLICY QUOTED MAY BE SUBJECT TO A MINIMUM POLICY PREMIUM.

Applicant's Signature

APPLICANT: I UNDERSTAND THAT THIS APPLICATION FOR INSURANCE AND ANY POLICY ISSUED AS A RESULT OF THE APPROVAL OF THIS APPLICATION WILL **ONLY** PROVIDE INSURANCE FOR DISASTER RESTORATION, JANITORIAL AND/OR MAID SERVICE OPERATIONS. I FURTHER UNDERSTAND THAT NO COVERAGE WILL BE PROVIDED FOR ANY OTHER BUSINESSES, OPERATIONS OR SERVICES UNLESS THEY ARE SPECIFICALLY ADDED TO ANY POLICY ISSUED FOR AN ADDITIONAL PREMIUM.

FRAUD WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO IS GUILTY OF INSURANCE FRAUD. THIS IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. (FOR NEW YORK INSUREDS: AN ACT OF INSURANCE FRAUD SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED \$5,000 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)

Applicant's Signature:		Date:	
Applicant's Name:		Applicant's Title:	