

## Carpet Cleaning Supplemental Application

### I. GENERAL INFORMATION SECTION:

Risk Name:	Date application completed:
Risk Contact Name:	Your website address:
List any associations of which you are a member:	
Please explain any material changes in your operations or business the past 12 months.	

### II. ELIGIBILITY SECTION:

How long have you been in business under the current ownership?	<input type="text"/>	Years	
Mix of Business?	<input type="text"/> % Commercial	<input type="text"/> % Residential	
Total number of Employees	<input type="text"/> Full Time	<input type="text"/> Part Time	
Gross Annual Receipts:	<input type="text"/>	Annual Payroll:	<input type="text"/>
Number of Subcontractors:	<input type="text"/>	Total Annual Cost of Subcontractors:	<input type="text"/>
Type of work performed by Subcontractors:	<input type="text"/>		

### INDICATE YOUR PERCENTAGE OF ANNUAL SALES GENERATED FROM THE FOLLOWING OPERATIONS:

Condominiums, Townhouses or Apartments:	<input type="text"/>	Commercial Office Building Facilities:	<input type="text"/>
Other Commercial Facilities:	<input type="text"/>	Residential Individual Accounts:	<input type="text"/>
Assisted Living Facilities, retirement homes	<input type="text"/>	Public/ Government Buildings:	<input type="text"/>

**Please give a general description of your carpet cleaning operations: (please include how wastewater is disposed of)**

**Any carpet removal or installation performed? If Yes, Please describe extent.**

**Are all chemicals used approved by the EPA? If Not, please explain:**

### III. EMPLOYMENT PRACTICES SECTION:

How are your employees recruited?	<input type="text"/>		
Are your job applicants required to complete a written application?	Y <input type="checkbox"/> N <input type="checkbox"/>	Are criminal backgrounds checked before hiring?	Y <input type="checkbox"/> N <input type="checkbox"/>
Are driving records checked before hiring?	Y <input type="checkbox"/> N <input type="checkbox"/>	Are driving records updated annually and copies maintained in the employee's personnel file?	Y <input type="checkbox"/> N <input type="checkbox"/>
Do employees use their personal vehicles to drive to jobsites?	Y <input type="checkbox"/> N <input type="checkbox"/>	Do you shuttle/transport employees to and from job sites?	Y <input type="checkbox"/> N <input type="checkbox"/>
Are your employees trained to handle hazardous chemical/material spills caused by your operations while at a customer's premises?			Y <input type="checkbox"/> N <input type="checkbox"/>

### IV. OPERATIONAL PRACTICES SECTION:

Do you pick up and deliver customer's carpets or furniture?	Y <input type="checkbox"/> N <input type="checkbox"/>	Do technicians provide an itemized list to be performed with accurate pricing before beginning the job?	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you provide 24 hour emergency services?	Y <input type="checkbox"/> N <input type="checkbox"/>	Do you have keys to the buildings of any clients?	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you have a formal training/safety program in place?	Y <input type="checkbox"/> N <input type="checkbox"/>	Do you obtain Certificates of Insurance from all subcontractors?	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you require to be named as Additional Insured by your subcontractors?	Y <input type="checkbox"/> N <input type="checkbox"/>	Is truck mounted equipment used? What is the power source? <input type="text"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you rent, lease or borrow equipment from others? If so what?			Y <input type="checkbox"/> N <input type="checkbox"/>

### V. SIGNATURE SECTION:

I affirm, represent and warrant that the information provided on this supplemental application is true, complete and accurate to the best of my knowledge, and that I am authorized to sign on behalf of, and bind, the applicant stated above.

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Tangram Insurance Services                      1-800-676-2213                      www.tangramins.com**