



CARPET CLEANERS INSTITUTE OF THE NORTHWEST BUSINESS INSURANCE QUESTIONNAIRE



GENERAL INFORMATION

EX-DATE OF POLICY: _____ PREMIUM: \$ _____
CURRENT CARRIER: _____

NAMED INSURED: _____ PHONE #: _____
DBA: _____ FAX #: _____
MAILING ADDRESS: _____ YEARS IN BUSINESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____ IICRC CERTIFIED FIRM? YES NO
CONTACT NAME/PHONE#: _____ YEARS OF CCINW MEMBERSHIP _____
BUSINESS ENTITY: CORPORATION PARTNERSHIP SOLE PROPRIETOR LLC OTHER _____
BUSINESS TYPE: OFF-PREMISES CLEANING ON-PREMISES CLEANING OTHER _____
LIABILITY LIMIT: \$500,000 \$1,000,000 \$2,000,000 OTHER _____ UMBRELLA LIMIT: \$ _____

PROPERTY INFORMATION

TOTAL # OF LOCATIONS: _____ SINGLE OCCUPANCY? Yes No

LOCATION ADDRESS: _____ LEASED
CONSTRUCTION TYPE: _____ AGE OF BUILDING: _____ SQUARE FOOTAGE: _____
FIRE PROTECTION: _____ BURGLARY PROTECTION: _____ # OF STORIES: _____ OWNED
RIGHT EXPOSURE: _____ LEFT EXPOSURE: _____ REAR EXPOSURE: _____
SPRINKLERED?: _____ ROOF TYPE: _____ YEAR ROOF REPLACED: _____ NUMBER OF TOTAL EMPLOYEES: _____
LIMITS: _____ FT/ _____ PT
VALUE OF BUILDING: _____ VALUE OF BUSINESS PERSONAL PROPERTY: _____ TOTAL GROSS PAYROLL: \$ _____
VALUE OF STOCK: _____ VALUE OF ONSITE EQUIPMENT/TOOLS: _____
VALUE OF PROPERTY OF OTHERS (CARE, CUSTODY & CONTROL): _____

ATTACH A SEPARATE SHEET FOR ADDITIONAL LOCATIONS

ANNUAL GROSS SALES:	CLEANING TECH <u>PAYROLL</u> AT CUSTOMER PREMISE:	ON-SITE CLEANING <u>RECEIPTS</u> :
2007-2008 \$ _____ (est.)_	2007-2008 \$ _____ (est.)_	2007-2008 \$ _____ (est.)_
2006-2007 \$ _____	2006-2007 \$ _____	2006-2007 \$ _____
2005-2006 \$ _____	2005-2006 \$ _____	2005-2006 \$ _____
2004-2005 \$ _____	2004-2005 \$ _____	2004-2005 \$ _____

OF THE ANNUAL GROSS RECEIPTS LAST YEAR, PLEASE PROVIDE A BREAKDOWN IN THE FOLLOWING CATEGORIES (ESTIMATE):

COMMERCIAL _____% INSTITUTIONAL (HOSPITALS, GOVERNMENT) _____%
RESIDENTIAL _____% OTHER _____%

ARE SUBCONTRACTORS USED FOR ANY OPERATIONS? YES NO

IF YES, PLEASE DESCRIBE _____

DO YOU OBTAIN CERTIFICATES OF LIABILITY FROM ALL SUBCONTRACTORS PRIOR? YES NO

IF YES, WHAT ARE YOUR MINIMUM LIMITS OF LIABILITY? _____

DO YOU HAVE THE SUBCONTRACTORS LIST YOUR COMPANY AS AN ADDITIONAL INSURED? YES NO

DOES YOUR COMPANY DO ANY RESTORATION OR REMEDIATION WORK? YES NO

IF YES, PLEASE DESCRIBE _____

WHAT ARE THE ANNUAL RECEIPTS DERIVED FROM THIS OPERATION? _____

DOES YOUR COMPANY TAKE POSSESSION OF CUSTOMERS' PROPERTY FOR ON-SITE CLEANING AT YOUR PREMISES? YES NO

IF YES, PLEASE DESCRIBE _____

DOES YOUR COMPANY STORE OR TRANSPORT ANY HAZARDOUS MATERIALS/CHEMICALS? YES NO

IF YES, PLEASE DESCRIBE _____

AUTOMOBILE LIABILITY

FEIN# _____

THIS SECTION IS FOR YOUR BUSINESS AUTOS ONLY. AUTOS NOT REGISTERED IN NAME OF BUSINESS OR UNDER A LONG TERM LEASE ARE NOT ELIGIBLE. (PLEASE USE THE SPACE ON THE BACK PAGE IF YOU NEED MORE ROOM:

1. ARE ALL AUTOS LISTED BELOW REGISTERED IN THE NAME OF THE BUSINESS OR UNDER A LONG TERM LEASE? YES NO
2. ARE ANY DRIVERS UNDER 21 YEARS OF AGE? YES NO
3. ARE VEHICLES CENTRALLY GARAGED WHEN NOT IN USE? YES NO
4. DO ANY UNEMPLOYED FAMILY MEMBERS USE COMPANY VEHICLES? YES NO
5. DO YOUR EMPLOYEES USE THEIR PERSONAL VEHICLES FOR COMPANY BUSINESS? YES NO
6. IS THERE A WRITTEN FLEET SAFETY PROGRAM IN PLACE, INCLUDING SAFETY MEETINGS? YES NO
7. DO ANY DRIVERS TRAVEL OUTSIDE OF A 50 MILE RADIUS? YES NO
8. DO YOU CHECK DRIVERS' MVRS ON AN ANNUAL BASIS? YES NO

YEAR	MAKE	MODEL	COST NEW OF VEHICLE	EQUIPMENT REPLACEMENT COST	GROSS VEHICLE WT.	VIN NUMBER	COMP. DED.	COLL. DED.

ON A SEPARATE SHEET, PLEASE PROVIDE A **CURRENT DRIVER LIST** TO INCLUDE NAME, DRIVER'S LICENSE#, AND BIRTHDATE. AUTO LIABILITY PREMIUMS SUBJECT TO REVIEW OF CURRENT MOTOR VEHICLE RECORDS

PREVIOUS INSURANCE COVERAGE FOR THE LAST FOUR YEARS

CARRIER NAME	POLICY PERIODS	POLICY NUMBER	EXPIRING PREMIUM

STATEMENT OF LOSSES FOR THE LAST FOUR YEARS

(EXCLUDING WORKER'S COMPENSATION) THE APPLICANT HEREBY ACKNOWLEDGES THAT THE INFORMATION PROVIDED BELOW, IN REGARDS TO LOSSES FOR THE LAST FOUR YEARS, IS TRUE AND ACCURATE AT THE TIME OF COMPLETION OF THIS APPLICATION.

NO LOSSES REPORTED **IF LOSSES ARE REPORTED, PLEASE LIST BELOW (ATTACH A SEPARATE SHEET IF NECESSARY)**

DATE OF LOSS	DESCRIPTION	TOTAL AMOUNT PAID OR RESERVED	OPEN OR CLOSED?	INSURANCE COMPANY

A COMPLETED WORKSHEET WILL BE CONSTRUED AS A REQUEST FOR A PREMIUM INDICATION FOR INSURANCE ONLY. FINAL PRICING WILL DEPEND ON SEVERAL FACTORS INCLUDING, BUT NOT LIMITED TO, CURRENTLY VALUED LOSS RUNS, MOTOR VEHICLE REPORTS, AND, IN SOME CASES, CURRENT FINANCIAL STATEMENTS. COVERAGE CANNOT BE BOUND WITHOUT FINAL APPROVAL FROM THE CARRIER.