Cielo Cleaning Services Logo

Cielo Cleaning Services
1545 WESTLAND AVE
IDAHO FALLS, ID 83402
Phone: 208-589-1234
www.cielocleaningservice.com

COMMERCIAL CLEANING PROPOSAL & PROFILE

Notes for Completion

This proposal form is designed to assess the business profile, risk, and service parameters of cleaning operations. Please provide all required information accurately. Standard coverage expectations for commercial operations in Idaho include General Liability and Workers' Compensation (where applicable by state law).

Standard Insurance Requirements

- **Commercial General Liability (CGL):** Coverage for bodily injury and property damage.
- **Care, Custody, or Control:** For damage to property being actively cleaned.
- **Lost Key Coverage:** Essential for operations involving secured access to client premises.

Privacy Notice

Information collected herein is used exclusively for business evaluation, risk assessment, and contract administration purposes. Cielo Cleaning Services maintains strict confidentiality protocols in compliance with US data privacy standards.

1. General Information

Representative/Agent:

Effective Date Requested:

Applicant/Company Name (Including any DBAs or subsidiary companies):

Federal Tax ID (EIN):

Date Business Established:

Primary Email:

Primary Phone:

Full Business Description (Detail primary operations and specialties):

Are you accredited by any industry associations (e.g., ISSA, ARCSI)? If yes, provide details:

2. Business Activities, Payroll & Revenue

Please provide estimated figures for the next 12 months for Idaho operations and surrounding service areas:

Category of Work	Owner/Officer Salary ($US)	W-2 Payroll ($US)	1099 Subcontractors ($US)	Gross Revenue ($US)
Clerical, administrative and managerial				

Category of Work	Owner/Officer Salary ($US)	W-2 Payroll ($US)	1099 Subcontractors ($US)	Gross Revenue ($US)
Interior cleaning of offices, retail, and residential				
Interior cleaning of medical facilities, schools, or gyms				
Industrial or factory cleaning				
Carpet, rug, and upholstery cleaning				
Exterior window cleaning (Ground/ Extended pole)				
Pressure washing (paths, drives, exteriors)				
Any other specialized cleaning work				
TOTAL ESTIMATES				

3. Specialized Operations

Do you supply/sell proprietary branded janitorial or cleaning products? ☐ Yes ☐ No

Do you undertake or anticipate undertaking any work:

Outside the state of Idaho? ☐ Yes ☐ No

At industrial sites, airports, refineries, or power stations? ☐ Yes ☐ No

Involving hospital operating rooms, clean rooms, or biohazard cleanup? ☐ Yes ☐ No

Involving stone restoration, tank cleaning, or sandblasting? ☐ Yes ☐ No

4. Safety, Compliance & Subcontractors

Do you have a formal, written Safety/Injury and Illness Prevention Program? ☐ Yes ☐ No

Are employees provided formal training on chemical handling (OSHA standard)? ☐ Yes ☐ No

Are routine safety inspections and hazard risk assessments documented? ☐ Yes ☐ No

If engaging 1099 independent subcontractors, do you require them to provide Certificates of Insurance (General Liability & Workers Comp) naming you as an Additional Insured?

☐ Yes ☐ No ☐ N/A

5. Coverage & Limit Requirements

Commercial General Liability (Occurrence Limit): ☐ $US 1,000,000 ☐ $US 2,000,000 ☐ Other: _____

Lost Key / Care, Custody & Control Limit: ☐ $US 25,000 ☐ $US 50,000 ☐ Other: _____

Workers' Compensation: ☐ Included (Statutory Limits) ☐ Exempt/Not Required

Janitorial Bond (Employee Dishonesty): ☐ Yes ☐ No

6. Loss History & General Information

1. Has any insurer ever cancelled or non-renewed your coverage in the last 3 years? ☐ Yes ☐ No
2. Have you or any principal been declared bankrupt in the past 7 years? ☐ Yes ☐ No
3. Have any claims been made against the business in the past 5 years? (If yes, list below) ☐ Yes ☐ No

Date of Incident	Description / Nature of Claim	Amount Paid / Reserved	Status (Open/Closed)

7. Declaration & Authorization

The undersigned represents that all statements and information provided herein are true and complete to the best of their knowledge. Signing this form does not bind coverage, but it is agreed that this document shall be the basis of the contract should a policy or agreement be issued.

Authorized Signature _____ **Date** _____

Printed Name and Title _____