

COMMERCIAL CLEANING SERVICES PROPOSAL

Prepared for: _____

Client Information:

Company Name: _____

Contact Person: _____

Address: _____

Phone/Email: _____

Proposal Details:

Service Location(s): _____

Scope of Work: Comprehensive commercial cleaning services including but not limited to floor care, window cleaning, restroom sanitation, trash removal, dusting, and disinfecting high-touch areas. Detailed service plan attached as Schedule A.

Service Frequency: _____

Start Date: _____ Duration: _____

Pricing and Payment Terms:

Service Price (USD): _____

Billing Schedule: _____

Payment Method: _____

Terms and Conditions:

1. Scope of Services.

The Provider agrees to perform the cleaning services as outlined in the Scope of Work section, with due diligence, reasonable care, and in a professional and workmanlike manner consistent with industry standards.

2. Compliance with Laws.

Provider warrants that all services will be performed in compliance with applicable federal, state, and local laws, rules, and regulations.

3. Client Obligations.

Client shall provide access to premises during agreed hours and ensure that all Client-owned equipment or materials are appropriately safeguarded.

4. Payment Terms.

Invoices shall be issued in accordance with the Billing Schedule. Payment shall be due within thirty (30) days of invoice date. Late payments may incur interest at a rate of 1.5% per month or the maximum allowed by law.

5. Term and Termination.

This Agreement shall remain effective until terminated by either party with thirty (30) days written notice. Provider may terminate immediately for Client's material breach if not cured within ten (10) days of notice.

6. Insurance.

Provider shall maintain comprehensive general liability insurance and workers' compensation insurance as required by law, and shall provide certificates of insurance upon request.

7. Indemnification.

Provider shall indemnify, defend, and hold Client harmless from claims arising from Provider's negligence or willful misconduct. Client shall indemnify Provider against claims arising from Client's negligence.

8. Limitation of Liability.

Neither party shall be liable for consequential, incidental, or punitive damages. Provider's total liability shall not exceed the amount paid by Client under this Agreement.

9. Confidentiality.

Both parties agree to keep confidential any proprietary or sensitive information obtained during the course of this Agreement.

10. Force Majeure.

Neither party shall be liable for failure to perform due to causes beyond reasonable control including natural disasters, strikes, or government actions.

11. Governing Law and Venue.

This Agreement shall be governed by the laws of the State of _____. Any dispute shall be resolved exclusively in the state or federal courts located in _____ County, _____.

12. Entire Agreement; Amendments.

This Agreement constitutes the entire understanding between the parties and supersedes all prior agreements. Amendments must be in writing and signed by both parties.

13. Independent Contractor.

Provider shall perform services as an independent contractor and not as an employee, agent, or partner of Client.

14. Non-Assignability.

Neither party may assign or transfer this Agreement without prior written consent of the other party.

15. Notices.

All notices shall be in writing and delivered by hand, certified mail, overnight courier, or email with confirmed receipt, to the addresses specified herein.

16. Severability.

If any provision is found unenforceable, the remainder shall continue in full force and effect.

17. Waivers.

Failure to enforce any provision shall not constitute waiver of that or any other provision.

18. Safety and Compliance.

Provider shall comply with all safety regulations and ensure employees are trained appropriately.

19. Subcontractors.

Provider may engage subcontractors but shall remain responsible for performance under this Agreement.

20. Signatures.

This Proposal shall become binding upon execution by authorized representatives of both parties.

CLIENT AUTHORIZED SIGNATURE

PROVIDER AUTHORIZED SIGNATURE

Signature: _____

Signature: _____

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