



1. First Named Insured: \_\_\_\_\_  
 (First Named Insured is responsible for premium payment, cancellation and changes – refer to policy wording.)
2. Type of Entity:  Individual  Joint Venture  Partnership  Organization (incl. Corporation)  LLC  Trust
3. Other Insureds: \_\_\_\_\_  
 Relationship to the First Named Insured: \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_  
 Street City County State ZIP Code
5. Contact Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
 Email address: \_\_\_\_\_ Website Address: \_\_\_\_\_
6. Effective Date Desired: \_\_\_\_\_
7. Additional Insured (AI), Mortgagee (M) and Loss Payee (LP)

Type	Name	Address	City	State	Zip Code

8. Property Location Information

Loc. No.	Street Address	City	County	State	Zip Code
1					
2					
3					

9. Loss Information – (Loss Information for the past three years is required. If no insurance – state no insurance.)  
 Are you aware of any property, liability and/or crime losses, claims, or circumstances that might result in a claim that occurred or were reported during the past three years, whether covered by insurance or not?  Yes  No  
 If yes, provide details below or attach loss runs.

Year	Carrier	Policy No.	Incurred Losses	Description of Loss

**Coverages**

**Property**

Loc. No.	Bldg #	Coverage	Limit of Insurance	ACV, RC or Agreed	Co-Insurance	Constr. Class	PC	Ded.
					80%			
					80%			
					80%			
					80%			
					80%			
					80%			

Optional Exclusions:  Theft  Vandalism  Windstorm/Hail

**General Liability Limits**

Per Occurrence: \$ \_\_\_\_\_ Medical Payments:  \$5,000  \$10,000  
 Aggregate: \$ \_\_\_\_\_ Property Damage to Others:  \$100,000  \$300,000  \$500,000  
 Hired and Non-Owned Liability:  Exclude  Include

**Coverage Extensions:**

The following coverages are provided without additional charge at the limit indicated. For higher limits please indicate desired limit in space below.

Coverage	Limit Provided	Desired Limit	Coverage	Limit Provided	Desired Limit
Accounts Receivable	\$10,000		Money & Securities - Inside	\$5,000	
Animal Damage	\$2,500		Money & Securities - Outside	\$2,000	
Auto Fire System Recharge	\$2,500		Newly Acquired Building	\$250,000	
Bailee's Coverage	\$2,500		Newly Acquired BPP	\$100,000	
Consequential Loss	\$5,000		Non-Owned Trailer	\$5,000	
Debris Removal	\$10,000		Off Premises Utility Failure	\$10,000	
Electronic Data	\$2,500		Outdoor Property incl. Signs	\$5,000	
Employee Dishonesty	\$5,000		Personal Effects	\$5,000	
Fine Arts	\$5,000		Pollution Clean-Up	\$10,000	
FD Service Charge	\$5,000		Property In Transit	\$5,000	
Fire Extinguisher Recharge	\$2,500		Property Off Premises	\$10,000	
Increased Cost of Construction	\$10,000		Pollution Cleanup	\$10,000	
Key Replacement	\$2,500		Sewer Back-Up	\$2,500	
Loss Settlement Expense	\$2,500		Valuable Papers	\$10,000	

**UNDERWRITING INFORMATION**

**General Section**

1. Devices

Devices	No. of	Service	Receipts	Operations	
Washers		Laundry	\$	Years in Business	yrs
Dryers – Singles		Dry Cleaning	\$	Years at this Location	yrs
Dryers – Doubles		Other _____	\$	Hour Opened	a.m.
Extractors		Total	\$	Hour Closed	p.m.
Changers				Bldg Square Footage	
Vending Machines				Laundry Sq. Footage	

2. Management Personnel:

Name	Age	Length of Employment	Years in Laundry Business

**GENERAL LIABILITY UNDERWRITING**

1. Is the store:  Fully Attended  Unattended  Partially Attended: indicated when not attended \_\_\_\_\_
2. Are all machine properly grounded (GFIC) to prevent electrical shocks?  Yes  No
3. Do all safety locks/latches work on frontload washers while operating?  Yes  No
4. Do all dryers stop rotating immediately upon opening the dryer door?  Yes  No
5. Is there a child play area?  Yes  No  
If yes, indicate equipment: \_\_\_\_\_
6. Are wet floor signs/hazard cones used in the event of slippery floors?  Yes  No
7. Do you have machines operated at facilities away from the store (e.g. Apartments)?  Yes  No
8. Is there a dry cleaning on the premises?  Yes  No  
If yes, are chemical properly stored?  Yes  No  
Are all containers of solvents clearly labeled?  Yes  No  
Are storage practices in compliance with NFPA 32 and NFPA 30?  Yes  No
9. Are all tables properly secured to the floor or wall to prevent tipping?  Yes  No
10. Do you perform, or do others on your behalf, pick up and delivery service?  Yes  No
11. Do you have 24 hour video surveillance in use on the premises?  Yes  No  
a. If yes, how many cameras? \_\_\_\_\_ Do they have night vision?  Yes  No  
b. If yes, how long are tapes/digital storage saved prior to erasure? \_\_\_\_\_
12. Do you use independent contractors?  Yes  No

**PROPERTY UNDERWRITING**

**1. Building Information (indicate year of updates – attach a separate sheet if necessary)**

Prem #	Bldg. Age	Roof	HVAC	Plumbing	Electrical	Sprinklered (Circle One)	Fire Alarm* (Circle One)
1						Yes No	L P CS
2						Yes No	L P CS

\* (L=local, P=Police Connected, CS= Central Station)

2. Have you or anyone with a financial interest in the property been convicted of arson, fraud, or other crime related to loss of property owned now or during the past five years?  Yes  No
3. Distance to nearest fire hydrant? \_\_\_\_\_ Distance to nearest Fire Department? \_\_\_\_\_
4. Are pre-employment background checks performed on all employees?  Yes  No
5. Do you store fur, leather or other expensive garments?  Yes  No
6. Do you all machines have current overload protection or automatic thermostat controls?  Yes  No
7. When was the last thorough cleaning of the entire dryer venting/ducting system? \_\_\_\_\_
8. How often are lint screens on dryers cleaned? \_\_\_\_\_
9. Are dryers properly vented and equipped with automatic shut off devices?  Yes  No
10. Is there a central station alarm system?  Yes  No  
If yes, who monitors \_\_\_\_\_ Maximum Response Time \_\_\_\_\_
11. Do all exterior doors have double cylinder deadbolts?  Yes  No
12. Do you have security bars on the windows and doors?  Yes  No
13. Are deposits made on a daily basis?  Yes  No
14. Do you have a cash register on premises?  Yes  No  
If yes, What is the maximum amount of cash in all registers at any one time? \$ \_\_\_\_\_
15. Are all monies and securities stored inside a locked safe, money changer or coin laundry change box at all times when your business is closed?  Yes  No

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an Insurer, submits an application or files a claim containing false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Producing Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent Name and Address

\_\_\_\_\_  
Phone Number

**NOTICE TO APPLICANT - PLEASE CAREFULLY READ THE FOLLOWING**

**ARIZONA FRAUD STATEMENT** - For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**ARKANSAS FRAUD STATEMENT** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly pre-presents false information in an application for insurance is guilty of a crime and may be subject to fines and confine-confinement in prison.

**CALIFORNIA FRAUD STATEMENT** - For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**COLORADO FRAUD STATEMENT** - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the

purpose of de-frauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**DISTRICT OF COLUMBIA FRAUD STATEMENT - WARNING:** It is a crime to provide false, or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**IDAHO FRAUD STATEMENT-** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**INDIANA FRAUD STATEMENT -** Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**LOUISIANA FRAUD STATEMENT -** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**MAINE FRAUD STATEMENT -** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

**MINNESOTA FRAUD STATEMENT -** Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NEW HAMPSHIRE FRAUD STATEMENT -** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**NEW JERSEY FRAUD STATEMENT – APPLICATION -** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NEW MEXICO FRAUD STATEMENT -** any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**OHIO FRAUD STATEMENT -** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**OKLAHOMA FRAUD STATEMENT - WARNING -** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**OREGON FRAUD STATEMENT -** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

**PENNSYLVANIA FRAUD STATEMENT -** 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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**VIRGINIA, TENNESSEE FRAUD STATEMENT -** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**FRAUD STATEMENT (All other states) -** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly pre-presents false information in an application for insurance is guilty of a crime and may be subject to fines and confine-confinement in prison.