



Underwriter: _____

Broker: _____

Date: _____

Dry Cleaner Program Application

This application forms and becomes part of your policy.

INSURED

Named Insured: _____	Effective Date: _____
DBA: _____	Entity: _____
E-mail Address: _____	
Mailing Address: _____	
City: _____	State: _____ Zip code: _____
Location Address: _____	
City: _____	State: _____ Zip code: _____

PROPERTY

	<i>Limit</i>	<i>Perils</i>	<i>Co-Ins.</i>	<i>Deductible</i>	
Building:	\$ _____	_____	\$ _____	\$ _____	<input type="checkbox"/> EQ Sprinkler Leakage
Business Personal Property:	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> EQ Sprinkler Leakage
TIB:	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> EQ Sprinkler Leakage
Annual Gross Receipts:	\$ _____		ALS		
Signs:	\$ _____			\$ _____	

LIABILITY

General Liability:	\$ _____			<i>Occurrence/Aggregate</i>
Fire Damage:	\$ _____			
Medical Expense:	\$ _____			
Hired & Non-Owned Auto:	\$ _____			
Umbrella	\$ _____			

COVERAGE AVAILABLE

	<i>Limit</i>	<i>Deductible</i>
Ordinance or Law:	\$ _____	
Employee Dishonesty (<i>Blanket Occ/Agg Limit</i>):	\$ _____	\$ _____
Theft, Disappearance & Destruction:	\$ _____	\$ _____
Accounts Receivable:	\$ _____	
Valuable Papers:	\$ _____	\$ _____
Bailees:		\$ _____
Bailees property in transit:	\$ _____	\$ _____
Other Coverages:		

ADDITIONAL INTERESTS

Additional Insured: _____
Loss Payee: _____
Mortgagee: _____

ADDITIONAL INFORMATION

<input type="checkbox"/> Yes <input type="checkbox"/> No Has the broker personally seen the risk?	Prior Policy Number: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No Has coverage been cancelled/non-renewed?	Company Name: _____
<i>If yes, explain:</i> _____	Expiration Date: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No Prior Losses? (3 yr. current valued loss runs must be provided)	Premium: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No Have there been any claims (including EPLI), suits or complaints, or any pending claims against the insured, any executive, officer, or owner?	
How many employees does the insured have? Full Time: _____ Part Time: _____	

PROPERTY / OPERATIONS INFORMATION

<input type="checkbox"/> Yes <input type="checkbox"/> No Any known evidence of MOLD damage?*	<p>Operations/Management List the hours of operation:</p> <table style="width:100%; text-align: center;"> <tr> <td>SU</td><td>MO</td><td>TU</td><td>WE</td><td>TH</td><td>FR</td><td>SA</td> </tr> </table>	SU	MO	TU	WE	TH	FR	SA
SU		MO	TU	WE	TH	FR	SA	
<input type="checkbox"/> Yes <input type="checkbox"/> No Any unrepaired damage to the property?*								
*If 'Yes', attach detailed explanation.								
Total building area: _____ Sq. Ft. Area occupied as dry cleaner: _____ Sq. Ft. Age of building: _____ Construction type: _____ Roof type: _____ Years in business at this location: _____	Explain owners' experience and years in business: _____ _____							
<i>If the property is 25 years of age or older, please answer the following questions in blue to the best of your knowledge:</i>								
<p>01. Electrical Has the electrical system been: <input type="checkbox"/> Updated <input type="checkbox"/> Upgraded or <input type="checkbox"/> Replaced? If Yes, when? _____ If Yes to "replaced", was it: <input type="checkbox"/> Partial or <input type="checkbox"/> Full Copper wiring? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Is the property on circuit breakers? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p>	Total annual receipts: _____ Yes <input type="checkbox"/> No <input type="checkbox"/> Do all machines have a current overload protection and/or automatic thermostat control? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Is a pick-up/delivery service offered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Are there any sales, services, or storage of fur products? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If perchloroethylene is used in the business, do you have a valid permit to operate?							
<p>02. Plumbing Has the plumbing been: <input type="checkbox"/> Updated <input type="checkbox"/> Upgraded or <input type="checkbox"/> Replaced? If Yes, when? _____ If Yes to "replaced", was it: <input type="checkbox"/> Partial or <input type="checkbox"/> Full</p>	Are any of the following solvents used?: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Hydro Carbonates</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Glycol Ether</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Any petroleum-based solvents</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Are all flammables stored in a fire resistive cabinet? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do you contract for service health care facilities/hospitals/day-care facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Is this business self-service dry cleaning and/or a laundromat? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Is this business in compliance with EPA, State Statutes and OSHA? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Is there any unusual exposure/hazard not asked that UCA should know about? Explain: _____ _____							
<p>03. Roofing Has the roof been: <input type="checkbox"/> Updated <input type="checkbox"/> Upgraded or <input type="checkbox"/> Replaced? If Yes, when? _____ If Yes to "replaced", was it: <input type="checkbox"/> Partial or <input type="checkbox"/> Full</p>	<p>Commercial Auto <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do you own any commercial auto? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Commercial auto insurance in force? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Non-owned/Hired Auto liability provided by auto policy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do your employees use their personal auto for business? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do you require your employees to carry liability insurance?</p>							
<p>04. HVAC Has the HVAC been: <input type="checkbox"/> Updated <input type="checkbox"/> Upgraded or <input type="checkbox"/> Replaced? If Yes, when? _____ If Yes to "replaced", was it: <input type="checkbox"/> Partial or <input type="checkbox"/> Full</p>								
<p>Safety <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fire sprinkler system? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fire extinguishers on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Central station alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Surveillance video camera? How often are bank deposits made? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Are all service contracts in place and maintained for machinery/equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Is a guard dog on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Is a sweep log maintained?</p>								

NOTICE TO APPLICANTS: 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD THE INSURER BY SUBMITTING AN APPLICATION CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.

NOTICE TO WASHINGTON APPLICANTS: 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.

Please read the following statement carefully and sign where indicated. If the Employment Practices Liability Coverage Part/Endorsement is issued, this signed statement is deemed to be attached to and shall become a part of the policy.

The undersigned authorized officer, owner or manager of the Applicant hereby acknowledges that he/she is aware that the limit of liability contained in the Employment Practices Liability coverage part or endorsement shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of the Employment Practices Liability coverage part or endorsement.

The undersigned authorized officer, owner or manager of the Applicant hereby acknowledges that he/she is aware that legal defense costs that are incurred shall be applied against the deductible amount.

THE UNDERSIGNED AUTHORIZED OFFICER, OWNER OR MANAGER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER, OWNER OR MANAGER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD AN EMPLOYMENT PRACTICES LIABILITY COVERAGE PART/ENDORSEMENT BE ISSUED, AND THE APPLICATION IS DEEMED TO BE ATTACHED TO AND SHALL BECOME A PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION, REGARDLESS OF WHETHER SUCH DOCUMENTS ARE ATTACHED TO THE POLICY, ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

THE INSURED REPRESENTS THAT THE INFORMATION FURNISHED IN THIS APPLICATION IS COMPLETE, TRUE AND CORRECT. ANY MISREPRESENTATION, OMISSION, CONCEALMENT, OR INCORRECT STATEMENT OF A MATERIAL FACT, IN THIS APPLICATION OR OTHERWISE, SHALL BE GROUNDS FOR THE RESCISSION OF ANY BOND OR POLICY ISSUED.

Person to contact for inspection:		Applicant/Broker Signature	
Name:	Phone:	X	
Email:		Date:	

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