CARRIER:

Laundromat Product Application

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I - INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past three years. If there is loss history, please complete the entire application.

Applicant's name (include DBA name): _____

Mailing address: _____

City: _____ State: _____ Zip code: _____

Location address: _____

City: _____ State: _____ Zip code: _____

Web address: _____ E-mail address: _____ Phone: _____

Inspection contact name: _____ E-mail address: _____ Phone: _____

Audit contact name: _____ E-mail address: _____ Phone: _____

Form of business: ❑ Individual ❑ Corporation ❑ Partnership ❑ LLC ❑ Other _____

Description of Operations:

What year did the business start? _____

Classification:
- ❑ Laundries - Self service – Number of washers:_____
- ❑ Laundry and dry cleaning stores – Annual receipts: $_____
- ❑ Laundry and dry cleaning or dyeing receiving station – Annual receipts: $ _____

Do you own the building? (If "No", skip Building Owner questions under both the Property and Liability sections below) ❑ Yes ❑ No

Property Section

Construction: ❑ Frame ❑ Joisted masonry ❑ Non-combustible ❑ Masonry non-combustible ❑ Modified fire-resistive ❑ Fire-resistive ❑ Other _____

Protection class: _____

Requested cause of loss: ❑ Basic ❑ Special

Requested valuation: ❑ Replacement Cost ❑ Actual Cash Value

Deductible: ❑ $1,000 ❑ $2,500 ❑ $5,000

Coinsurance: ❑ 80% ❑ 90% ❑ 100%

Business personal property limit $ _____

Business income and extra expense limit $ _____

Building Owner

Building limit $_____

What year was the building constructed?_____

What is the square footage of the entire structure? _____ sq. ft.

Is the building fully protected by an operational sprinkler system covering 100% of the premises? ❑ Yes ❑ No

Liability Section

Limit: ❑ $100,000/$200,000 ❑ $300,000/$600,000 ❑ $500,000/$1,000,000 ❑ $1,000,000/$2,000,000

Is this a 24-hour operation? ❑ Yes ❑ No

Are there unattended operations? ❑ Yes ❑ No

Are there surveillance cameras in all public areas? ❑ Yes ❑ No

Building Owner

Is any portion of the building leased to commercial tenants? ❑ Yes ❑ No If "Yes", applicable sq. ft. _____

Does the applicant lease any apartments at this location? ❑ Yes ❑ No If "Yes", number of units _____

Applicable sq. ft. of apts. _____

Additional Interests (AI = Additional Insured, LP = Loss Payee, M = Mortgagee)

Name	Relationship/Interest	Address	City, State, Zip	AI	LP	M
				❑	❑	❑
				❑	❑	❑
				❑	❑	❑

II. LOSS INFORMATION FOR THE PAST THREE YEARS

Coverage Type	Date of Loss	Description of loss	Incurred	Status
❑ Property ❑ Liability			$	❑ Open ❑ Closed
❑ Property ❑ Liability			$	❑ Open ❑ Closed
❑ Property ❑ Liability			$	❑ Open ❑ Closed

III. ADDITIONAL PROPERTY INFORMATION

If you own the building and it is older than 10 years old, please complete the following:

Age of roof_____ yrs. Plumbing updated _____ yrs. Electrical updated_____yrs. Heating updated _____yrs.

Roof type: ❑ Flat ❑ Wood shake ❑ Shingle ❑ Metal ❑ Tile ❑ Slate ❑ Other _____

Plumbing type: ❑ PVC ❑ Copper ❑ Lead ❑ Galvanized ❑ Other

What type of burglar alarm is on the premises? ❑ Central station ❑ Local ❑ None

How many years has the applicant been at the current location? _____

IV. ELIGIBILITY CRITERIA

1. No bankruptcies, tax or credit liens against the applicant in the last five years ❑ True ❑ False
2. Coverage has not been cancelled or non-renewed in the last three years (not applicable in MO) ❑ True ❑ False

   If "False", advise reason _____

Property

1. All flammables stored in a fire resistive cabinet ❑ True ❑ False
2. All machines have a current overload protection and/or automatic thermostat controls ❑ True ❑ False
3. For any building built prior to 1978, 100% of the electric wiring is on functioning and operating circuit breakers ❑ N/A ❑ True ❑ False
4. For any building built prior to 1978, there is no aluminum wiring or knob and tube wiring ❑ N/A ❑ True ❑ False
5. Functioning and operational drains are available and placed near washing machines ❑ True ❑ False
6. Functioning and operational fire extinguishers available ❑ True ❑ False
7. Functioning and operational smoke detectors in all units and/or occupancies ❑ True ❑ False
8. No sales, service or storage of fur products (fur collars or synthetic fur are eligible) ❑ True ❑ False
9. The only chemical used in the dry cleaning process is percholoethylene ❑ True ❑ False

General Liability

1. No more than $3,000,000 in annual gross receipts ❑ True ❑ False
2. No self-service coin operated dry cleaning machines ❑ True ❑ False

FRAUD STATEMENTS

Alabama, Arkansas, District of Columbia, New Mexico, Rhode Island and West Virginia: 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.

California: For your protection California law requires the following to appear on this application. Fraud Statement: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a 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 defrauding 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.

Florida Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kansas Fraud Statement: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto may be 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

Maryland Fraud Statement: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil 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: Notice to Oregon applicants: Any person who, with intent to defraud or knowing that he is facilitation a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Kentucky and 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.
Tennessee, Virginia and Washington 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 presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

STATE NOTICES

Arizona Notice: Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.
Florida Surplus Lines Notice: (Applies only if policy is non-admitted) You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.
Florida and Illinois Punitive Damage Notice: I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as “vicariously assessed punitive damages”, are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to “vicariously assessed punitive damages” and that there is no coverage for directly assessed punitive damages.
Maine Notice: The insurer is not permitted to withdraw any binder once issued, but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.
Ohio Representation Statement: By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy. **THE INSURED UNDERSTANDS AND AGREES THAT ANY MATERIAL MISREPRESENTATION OR OMISSION ON THIS APPLICATION WILL ACT TO RENDER ANY CONTRACT OF INSURANCE NULL AND WITHOUT EFFECT OR PROVIDE THE COMPANY THE RIGHT TO RESCIND IT.**
Utah Punitive Damages Notice: I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name:_____ License #:_____

Agent’s signature:_____ Main agency phone number: _____
(Required in New Hampshire)

Agency mailing address: _____

City: _____ State:_____ Zip: _____

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer’s decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer’s underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

Applicant’s signature: _____ Title: _____
President, Chairperson of the Board, Managing Member, or Executive Director

Date:_____

Privacy Notice At Collection

We may need to collect certain personal information to provide you with our services and products. For information on how we store, use and protect personal information, please see our Privacy Policy accessible on our website, **https://www.usli.com/privacy-policy/**.