



Laundromat Product

LAUNDROMAT PRODUCT SUPPLEMENTAL APPLICATION

All questions must be answered and application must be signed by applicant.

Applicant's Name: _____ Date: _____

If you have a website, include your website address: _____

E-mail Address: _____

Business Personal Property Breakdown: Owned/Leased _____ Property of Others _____ Imp. & Betterments _____

1. Store Hours? _____
2. Are dryers properly vented and equipped with automatic shut-off devices? Yes No
3. List additional services offered. _____
4. Are all light fixtures working both inside and outside the store? Yes No
5. Are all sidewalks and parking lots free of cracks and potholes? Yes No
6. Is there a written procedure for handling trip & fall claims? 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? _____ Behind dryers? _____
9. List any flammable fluids and their flash points? None or _____
10. Is there a video surveillance system in place? Yes No
If yes, how long are the tapes/digital storage saved prior to being erased? _____
11. Is a pick-up/delivery service offered? Yes No
12. Is the property eligible according to our coastal guidelines? (If No, decline property) Yes No
13. Building Age _____ Protection class _____ Total area _____ sq ft
14. Protective devices: (check all that apply)

| | | |
|---|--|--|
| <input type="checkbox"/> Fire Extinguishers | <input type="checkbox"/> Smoke detectors | <input type="checkbox"/> Local alarm |
| <input type="checkbox"/> Central station fire alarm | <input type="checkbox"/> Video surveillance | <input type="checkbox"/> Central station burglar alarm |
| | <input type="checkbox"/> Sprinkler system covering 100% of premise | |
15. Is all electrical wiring on functional and operational circuit breakers? Yes No

LAUNDROMAT ONLY QUESTIONS

16. Is the store Fully attended Unattended Partially attended
If partially attended note hours attended _____
17. # Washers _____ # Dryers _____ # Change Machines _____ # Vending Machines _____
18. Are all machines properly grounded to prevent electric shocks? Yes No
19. Do all safety locks/latches work on frontload washers while operating? Yes No
20. Do all dryers stop rotating immediately upon opening the dryer door? Yes No
21. Are there any self service coin operated dry cleaning machines? (If yes, decline) Yes No
22. Is there a Child play area? Yes No
If yes, list equipment _____
23. Does the facility have a theme? Yes No
If yes, what is it? _____
24. Are non-slip mats present, properly placed and maintained? Yes No
25. Are wet floor/hazard cones or signs used in the event of wet/slippy floors? Yes No
26. Are drains available and properly placed near washing machines? Yes No
27. Are any machines owned/operated off premises? (If yes, list locations with details on appl.) Yes No



DRY CLEANING ONLY QUESTIONS

28. Is there Dry cleaning on premises? Yes No
 If yes, annual sales for dry cleaning _____
 If yes, which chemicals are used and are they properly stored? _____
29. If yes, is cleaning performed for other non-owned stores? (If yes, decline) Yes No
30. If perchloroethylene is used in the business do you have a valid permit to operate? (If no, decline) Yes No
31. Are all containers of solvents clearly labeled? (If no, decline) Yes No
32. Are the storage practices in compliance with NFPA 32: Dry cleaning Plants and NFPA 30: Flammable and Combustible liquids? (If no, decline) Yes No
33. Do all machines have current overload protection or automatic thermostatic controls? (If no, decline) Yes No
34. Do you store fur, leather or other expensive garments?(If yes, decline) Yes No

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance" is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

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.

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.

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.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

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.

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.

New York 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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.



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 and Virginia 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 is guilty of a crime and may be subject to fines and confinement in prison.

READ AND SIGN BELOW:

I hereby state that the information provided and contained in this application is true and accurate to the best of my knowledge and that no material facts have been misrepresented or misstated

Signature: _____ Date: _____