

CLEANERS OR DYERS
 OTHER (State)

LAUNDRY

COMBINATION LAUNDRY
CLEANERS AND DYERS

PLEASE ANSWER ALL QUESTIONS COMPLETELY

Firm Name: _____

Address: _____

Address	Construction	Contents Rate (80% Coinsurance)
		Protection Class
Main Location:		
Branches:		

Capacity at which operated during..... Past Month: _____% Past Year: _____%

If operations are heavier during certain period of the year, state what periods: _____

If operations fluctuate during the week, state what days the values are highest: _____

State average number of days:

- To service one order.....Dyeing & Cleaning: _____ Laundry: _____ Rugs: _____ Other: _____
- Order will remain in.....Main Plant Branch Location(s)

State average service charge: Per order (not per request). Attach price schedule.

- Dyeing & Cleaning: \$_____ Laundry: \$_____ Rugs: \$_____ Other: \$_____

Gross receipts during past twelve months from

- Dyeing & Cleaning: \$_____ Laundry: \$_____ Rugs: \$_____
- Box Storage: \$_____ Other: \$_____

Limits of liability required any one casualty:

- Main Location: \$_____ Each Branch: \$_____ During Transit: \$_____

Class of Business.....Retail: _____% Wholesale: _____%

Is night watchman employed? No Yes If so, does he: Signal to Central Station hourly? Yes No

Register on a Watchman's Clock hourly? Yes No

Are off-street windows and skylights barred? Yes No Are doors & other openings equipped with night locks? Yes No

Is there a Burglar Alarm system? If so, describe:

Und. Laboratory Ctf. No.: _____

Date: _____

Number of trucks operated: _____

Do all trucks have van or closed-type bodies? Yes No

Are truck bodies equipped with locks? Yes No

Are drivers instructed to close and lock bodies when truck is unattended? Yes No

Name of cleaning solvent: _____

Manufactured by: _____ Flash point: _____

Location of boiler room: _____ Cut off by approved fire doors? Yes No

Location of cleaning room: _____ Cut off by approved fire doors? Yes No

How is cleaning room ventilated? _____

Equipped with vapor-proof globes? Yes No

Are tumblers, dryers or washers equipped w/ steam jets? Yes No

Properly grounded? Yes No Explosion doors? Yes No

Are fire extinguishers provided? Yes No If yes, how many? _____

Are irons equipped with pilot lights? Yes No Are motors or switches located outside of cleaning room? Yes No

Loss experience (past three years)

- Fire: _____
- Theft: _____
- Other Causes: _____

Within your knowledge has any insurer ever cancelled, refused to issue or to continue any insurance for you? Yes No

If yes, give particulars: _____

Flood & water damage exposure? _____

Association Memberships: _____

REMARKS:

Diagram of Plant: _____

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

Agent's Name: _____

Agent's Address: _____

Insured's Signature: _____ Date: _____

Agency #: _____