



# 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)
  - Smoke detectors  Local alarm
  - Fire Extinguishers  Video surveillance  Central station burglar alarm
  - Central station fire alarm  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/slippery 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: \_\_\_\_\_