

QUOTE
BIND
FINANCING

COIN-OPERATED LAUNDRY & DRY CLEANERS PACKAGE APPLICATION

TO OBTAIN A QUOTATION OR COVERAGE ALL QUESTIONS MUST BE ANSWERED

1. NAME OF APPLICANT: _____ SSN: _____
DBA: _____
MAILING ADDRESS: _____
STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
2. INSPECTION CONTACT: _____ PHONE: _____
3. LOCATION OF RISK: _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____ COUNTY _____
4. **EXPIRING CARRIER:** _____ **EXP DATE:** _____ **PREMIUM:** _____
5. CLASSIFICATION OF RISK:
 COIN-OPERATED LAUNDRY **DRY CLEANERS** **BOTH LAUNDROMAT & CLEANERS**
OTHER: _____
6. NUMBER OF YEARS AT LOCATION: _____
IF LESS THAN 3 YRS AT THIS LOCATION, LIST PREVIOUS EXPERIENCE: _____
7. DOES OWNER OPERATE & MANAGE THIS STORE? YES NO
8. IS APPLICANT OPEN NOW? YES NO IF "NO", EXPLAIN: _____
9. IS APPLICANT, OWNER OR CORPORATION NOW OR EVER INVOLVED IN: NONE
 BANKRUPTCIES FORECLOSURES TAX LIENS BUSINESS FAILURE ANY LITIGATIONS
IF YES, PLEASE EXPLAIN: _____
10. **BUILDING SECTION:** _____ PROTECTION CLASS: _____
YEAR OF BUILDING: _____ CONSTRUCTION: _____ NO. OF STORIES: _____
YEAR OF: WIRING: _____ PLUMBING: _____ HEATING: _____ ROOFING: _____
EMERGENCY LIGHTING? YES NO
CIRCUIT BREAKERS? YES NO
SMOKE DETECTORS? YES NO IF YES ⇨ ELECTRIC BATTERY POWERED
FIRE ALARM? YES NO IF YES ⇨ TYPE: _____
BURGLAR ALARM? YES NO IF YES ⇨ TYPE: _____
SPRINKLER SYSTEM? YES NO IF YES ⇨ AGE: _____ TYPE: _____

ADVANCED E&S GROUP – MIDWEST REGION

500 North Michigan Ave Suite 1039 Chicago, IL 60611 Phone: (312) 245-3000 Fax: (312) 245-3001
Website: <http://www.aesins.com> E-Mail: quote@advancede-s.com

October 2010

11. **SUPPLEMENTAL INFORMATION:**

- ANY POLICY AND/OR COVERAGE DECLINED OR CANCELLED IN THE PAST 3 YRS? YES NO
- DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? YES NO
- WITHIN THE LAST TWELVE (12) MONTHS, HAVE YOU BEEN CITED WITH ANY FIRE AND/OR BUILDING CODE VIOLATIONS? YES NO
- COPPER WIRING AND CIRCUIT BREAKERS THROUGHOUT BUILDING? YES NO
- COPPER PLUMBING THROUGHOUT? YES NO
- ANY WOOD SHAKE ROOFING OR MANSARD? YES NO
- ANY MARINAS, MARINA OPERATIONS OR BOAT SLIPS? YES NO
- ANY PRIOR CONSTRUCTION DEFECTS OR MOLD EVIDENCE UNCOVERED? YES NO
- ANY ON-SITE STORAGE OF CHEMICALS OR HAZARDOUS MATERIALS BY A TENANT? YES NO
- HVAC SYSTEM UNDER MAINTENANCE CONTRACT? YES NO
- ARE PRE-EMPLOYMENT BACKGROUND CHECKS PERFORMED ON ALL EMPLOYEES? YES NO
- DO YOU STORE FUR, LEATHER OR OTHER EXPENSIVE GARMENTS? YES NO
- ARE ALL DRYERS PROPERLY VENTED AND EQUIPPED WITH AUTOMATIC SHUT OFF DEVICES? YES NO
- DO ALL MACHINES HAVE CURRENT OVERLOAD PROTECTION OR AUTOMATIC THERMOSTAT CONTROLS? YES NO
- WHEN WAS THE LAST THOROUGH CLEANING OF THE ENTIRE DRYER VENTING/DUCTING SYSTEM? _____
- HOW OFTEN ARE LINT SCREENS ON DRYERS CLEANED? _____

IF INSURING THE BUILDING AND HAVE OTHER OCCUPANCIES:

- DO YOU REQUIRE YOUR TENANTS TO PROVIDE INSURANCE FOR THEIR RENTAL UNITS? YES NO
- DO YOU REQUIRE YOUR COMMERCIAL TENANTS TO PROVIDE INS. FOR THEIR UNITS? YES NO
- DO YOU RUN BACKGROUND CHECKS ON TENANTS PRIOR TO RENTING? YES NO

12. **PROPERTY SECTION:**

- DOES APPLICANT OWN BUILDING? YES NO REQUIRED BY LEASE TO INSURE BLDG? YES NO
- BUILDING LIMIT: \$ _____ CO-INS % _____ ACV RC DED. \$ _____
- CONTENTS LIMIT: \$ _____ CO-INS % _____ ACV RC DED. \$ _____
- CAUSE OF LOSS: BASIC BROAD SPECIAL SPECIAL WITH THEFT
- BUSINESS INCOME LIMIT: \$ _____ CONTRIBUTION / CO-INS % _____
- BUSINESS INCOME WITH EXTRA EXPENSE YES NO IF NOT ANSWERED, WILL BE RATED WITHOUT
- GLASS BREAKAGE: YES NO -----> LIMIT: \$ _____ DED. \$ _____
- PROPERTY COVERAGE EXTENSION ENDORSEMENT: YES NO

(INCLUDES COVERAGE FOR CRIME-M&S, EE DISHONESTY, OUTDOOR PROPERTY, PERS PROP OF OTHERS, VALUABLE PAPERS & MORE)

14. UNDERWRITING INFORMATION (CONT'D):

12. IS THERE A DRY CLEANING OPERATION ON THE PREMISES? Yes No
IF YES, ARE CHEMICALS PROPERLY STORED? YES NO
ARE ALL CONTAINERS OF SOLVENTS CLEARLY LABELED? YES NO
ARE STORAGE PRACTICES IN COMPLIANCE WITH NFPA32 & NFPA30? YES NO
13. DO YOU PERFORM PICK UP AND DELIVERY SERVICE? Yes No
14. DO YOU HAVE 24 HOUR VIDEO SURVEILLANCE IN USE ON THE PREMISES? Yes No
IF YES, HOW MANY CAMERAS? _____ DO THEY USE NIGHTVISION? YES NO
IF YES, HOW LONG ARE TAPES/DIGITAL STORAGE SAVED PRIOR TO ERASURE? _____

15. ADDITIONAL INTERESTS:

MORTGAGEE AND ADDRESS 1ST _____
 CHECK IF NONE 2ND _____

ADDITIONAL INSUREDS 1ST _____
 CHECK IF NONE 2ND _____

LOSS PAYEES 1ST _____
 CHECK IF NONE 2ND _____

16. CLAIMS SECTION:

LIST ALL CLAIMS FOR THE PAST FIVE (5) YEARS (MUST INCLUDE HARD COPY LOSS RUNS):

PROPERTY CLAIMS: _____

GENERAL LIABILITY CLAIMS: _____

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT HE OR SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD AND SUBJECT TO FINES AND/OR IMPRISONMENT. I AGREE THAT ANY INTENTIONAL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT CONCERNING THIS INSURANCE OR THE SUBJECT THEREOF MAY VOID ANY POLICY ISSUED.

AS PART OF OUR UNDERWRITING PROCEDURES, A ROUTINE INQUIRY MAY BE MADE TO OBTAIN APPLICABLE INFORMATION CONCERNING CHARACTER, GENERAL REPUTATION, AND CREDIT HISTORY. UPON YOUR REQUEST, ADDITIONAL INFORMATION AS TO THE NATURE AND SCOPE OF THE REPORT, IF ONE IS MADE, WILL BE PROVIDED.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF PRODUCING AGENT

AGENCY NAME AND ADDRESS