Do you have:

Self-service laundry
○ Yes
○ No

Wash, dry & fold service
○ Yes
○ No

Self-service car wash
○ Yes, # of bays _____
○ No

Is there cooking on the premises?
○ Yes
○ No

Drycleaning on premises
○ Yes, annual receipts $ _____
○ No

Drycleaning drop-off
○ Yes, annual receipts $ _____
○ No

Employees
○ Yes, total # of employees _____
○ No

Are there tanning beds on the premises?
○ Yes
○ No

List all other services offered:

_____

_____

Hours per day that you are open for business

○ From: ___ a.m. to ___ p.m. ○ Open 24 Hours

Hours per day that your store is attended (0 to 24 hours) _____

_____
The total **Content Value** for your business personal property (must be replacement cost – new)

_____
The total **Property of Others** (bailee) in your care, custody or control

_____
List the total **Annual Gross Receipts** for this store. If insuring a brand-new store, provide an estimate of the first year's revenue.

Which of the following protective devices do you have?

Alarm on your changers
○ Yes
○ No

Burglar alarm
○ Yes
○ No

A security service central station that monitors your alarm
○ Yes
○ No

Video surveillance with time lapse recorder
○ Yes
○ No

Building sprinklers
○ Yes
○ No

Fire alarm
○ Yes
○ No

Fire extinguishers
○ Yes _____
Extinguisher tag (or last serviced) date
○ No

List your Mortgagees (M), Loss Payees (L) and Additional Insured's (A) to be on the policy. Indicate the letter that best describes the named party and show the nature of their financial interest.

_____
(M) (L) (A)

_____
Name

_____
Address

_____
City State ZIP Code

_____
(M) (L) (A)

_____
Name

_____
Address

_____
City State ZIP Code

Loss of Earnings/Business Interruption coverage is included. This will pay for your loss of income during the time that your store must close if the loss is covered under your policy. Loss is adjusted on an actual loss sustained basis, not to exceed 12 months.

Crime, Money and Securities Coverage is included. This will provide insurance against loss of money and/or securities, but only if the loss results from theft, disappearance or destruction.

The amounts listed below are included in the package. Increased amounts will be considered upon request.

Amount for on premises: $10,000 Amount for off premises: $5,000

Deductibles

This Special Policy quote includes a $1,000 deductible. If you desire an optional deductible of $500, $2,500 or $5,000 in place of the $1,000 standard deductible, indicate the optional deductible.

○ $500 deductible ○ $2,500 deductible ○ $5,000 deductible

General Liability Coverages

The policy options for Comprehensive/General Liability Coverage for third-party claims are listed below. Indicate the desired policy limits.

○ $500,000/$1,000,000 (single occurrence per location aggregate)
○ $1,000,000/$2,000,000 (single occurrence per location aggregate)
○ $2,000,000/$4,000,000 (single occurrence per location aggregate)

Note: The following coverages are also included in the Standard General Liability Policy.

Medical Payment: $10,000 limits for each person.

Tenant Legal Liability: $300,000 (check your lease for required limits) is standard with policy. If you desire optional limits, please indicate:

○ $500,000 ○ $1,000,000

IMPORTANT: This application will not be considered valid for quotation or anything else unless completed and signed by the applicant. No coverage is in effect until premium and signed application have been received along with verification of your CLA membership or Loss Control Program enrollment. All the answers to the above questions are subject to the terms and conditions of the policy chosen.

Pennsylvania: 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 information for the purpose of misleading, concerning fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Florida, Colorado, Kentucky, New Jersey, New York and Ohio: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance containing false information, or conceals information for the purpose of misleading, concerning fact material thereto commits a fraudulent insurance act, which is a crime.

I hereby apply to the Company for a policy of insurance as set forth in this application on the basis of the statements contained herein. I agree that such policy shall be null and void if such information is false, misleading or would materially affect acceptance of the risk by the Company. Upon written request by the applicant, additional information as to the nature and scope of the report, if one is made, will be provided.

_____ / /
Applicant's signature Date

CLA Insurance®
PROTECTING YOUR INVESTMENT

6913 K Avenue, Suite 305
Plano, TX 75074
Phone: (800) 346-8424
Fax: (972) 881-9700

Free Property/Liability Quote

CLA Insurance®
PROTECTING YOUR INVESTMENT

To receive an accurate quote, your application should be as complete as possible. CLA Insurance coverage is contingent upon membership in the Coin Laundry Association or purchasing the CLA Loss Control Program. Coverage is not available in all areas. Fax completed applications to (972) 881-9700.

Date ___/___/___ Are you a CLA member? ○ Yes ○ No CLA member number _____

General Information

_____
Owner of coin laundry — name of a person, partnership or corporation

_____
Name of coin laundry or DBA name | Individual, partnership, corporation or other

_____
Mailing address

_____
City | State | ZIP Code

_____
Contact person

_____
Phone number | Fax number | E-mail address

___/___/___
Date coverage is to begin — check your current policy

_____
Number of years you have owned this laundry

_____
Name of current insurance company

_____
Current premium

_____
Premium quoted for renewal

Has any carrier declined, cancelled or nonrenewed your insurance within the past three years? (Do not answer in Missouri)
○ Yes (If yes, explain) ○ No

_____

_____

List losses, date of claim and amount paid from your present carrier for the last three (3) years. This is **required** for each location **prior to coverage being bound**. A Loss Run is **not required** for a No Obligation Quote; however, quotes can be altered or withdrawn upon receipt of negative reports.

_____

_____

Enter the quantity for each type of equipment in your laundry — even if the number is zero.

_____ Toploads washers
_____ Frontload washers
_____ Single dryers
_____ Stacked dryers (double pocket)
_____ Extractors
_____ Changers
_____ Vending machines

Building construction
○ Frame (external wood frame) ○ Joisted masonry (stucco)
○ Noncombustible (block) ○ Masonry noncombustible (brick)
○ Fire resistant (completely metal building)

Do you own or rent the building?
○ Own ○ Rent

Complete this section if you want to insure the building. CLA Insurance does not insure buildings with dwellings.

_____
Replacement value of building, including attached exterior signs

The following information regarding age of building, square footage of building, and date and extent of building renovations, is required whether you're the owner or tenant.

_____ Age of building (years)
_____ Number of stories in the building
_____ Laundromat's total square feet
_____ Building's total square feet

_____
List other occupants, if applicable

Property

All policies are Special Form Policies. This type of policy includes coverage for all risks of direct physical loss including theft and theft damage. This excludes, but is not limited to, building enforcement, earth movements, government action, nuclear hazard, power failure, war and military action, flood and pollutants, or contaminants. Refer to the policy for a complete listing of exclusions.

_____
Laundry's street address

_____
City | County | State | ZIP Code

Provide the date and extent of building renovations for the following (month/year):

Electrical	Heating	Plumbing	Roof
/	/	/	/

Date

Renovation

0907