



CARRIER:

United States Liability Insurance Company

Laundromat Product Application

INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past three years. If there is loss history, please complete the entire application.

Applicant's name (include DBA name): _____

Mailing address: _____

City: _____ Province/Territory: _____ Postal code: _____

Location address: _____

City: _____ Province/Territory: _____ Postal code: _____

Web/Facebook address: _____ E-mail address: _____ Phone: _____

Inspection contact name: _____ E-mail address: _____ Phone: _____

Description of Operations:

Have there been any property or liability losses in the past three years? Yes No

If "Yes," please provide the following information; additional claims or information may be submitted on a separate sheet.

Coverage Type	Date of Loss	Description of loss	Paid	Reserved	Status
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

1. Is the applicant a:

a. Self-service laundry? Yes No

i. If "Yes," number of washers _____

b. Laundry and dry-cleaning store? Yes No

i. If "Yes," annual receipts \$ _____

c. Laundry and dry-cleaning or dyeing receiving station? Yes No

i. If "Yes," annual receipts \$ _____

2. How many years has the applicant been at the current location? _____

3. What year did the business start? _____

4. Are there any past, pending or planned foreclosures and/or bankruptcies or judgments for unpaid taxes against the named insured or any officer, partner, member or owner, individually within the past five years? Yes No

5. Has insurance coverage been cancelled or non-renewed in the past three years? Yes No

6. Does any building built prior to 1978 have aluminum or knob and tube wiring? Yes No

7. For any building built prior to 1978, is 100% of the wiring on functional and operational circuit breakers? Yes No

8. Are there functional and operational fire extinguishers readily available? Yes No

9. Does the applicant own the building? Yes No

If no, skip the Building Owner questions under both the Property and Liability sections below.

Property Section

Building Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Joisted masonry <input type="checkbox"/> Noncombustible <input type="checkbox"/> Masonry noncombustible <input type="checkbox"/> Modified fire resistive <input type="checkbox"/> Fire resistive					
FUS Grade _____	Cause of Loss <input type="checkbox"/> Basic (Named Perils) <input type="checkbox"/> Special (Broad)	Deductible <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	Number of Stories _____	Type of Burglar Alarm <input type="checkbox"/> Local <input type="checkbox"/> Central Station <input type="checkbox"/> None	
What year was the building constructed? _____			Is there a basement? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What type of plumbing is in the building? <input type="checkbox"/> PVC <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Lead <input type="checkbox"/> Other: _____					
What type of roof is on the building? <input type="checkbox"/> Flat <input type="checkbox"/> Wood shake <input type="checkbox"/> Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Tile <input type="checkbox"/> Slate <input type="checkbox"/> Other: _____					
What is the age of the roof? _____ years					
Is the building fully protected by an operational sprinkler system covering 100% of the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No					
What is the square footage of the entire structure? _____ sq. ft. (<i>Not applicable for Vacant Condo or Vacant Leased Space</i>)					
What is the total square footage owned or occupied by the applicant? _____ sq. ft.					
Operations/Occupancy (check all that apply): <input type="checkbox"/> General storage warehouse (no goods of others) <input type="checkbox"/> Office <input type="checkbox"/> Vehicle repair on premises (no vehicles of others) <input type="checkbox"/> Other _____					
Building Limit: \$ _____ <i>(Not applicable for Vacant Condo or Vacant Leased Space)</i>		Coinsurance (80% minimum) _____ %		<input type="checkbox"/> ACV <input type="checkbox"/> RC	
Existing Improvements and Betterments Value \$ _____		Coinsurance (80% minimum) _____ %		<input type="checkbox"/> ACV <input type="checkbox"/> RC	
Business Personal Property Limit: \$ _____		Coinsurance (80% minimum) _____ %		<input type="checkbox"/> ACV <input type="checkbox"/> RC	
Business Income Limit: \$ _____		Coinsurance <u>or</u>		Monthly Limit of Indemnity	
<input type="checkbox"/> With extra expense <input type="checkbox"/> Without extra expense		<input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 70% <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100%		<input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6	

Liability Section

Occurrence/Aggregate limit	<input type="checkbox"/> \$1 million/\$2 million	<input type="checkbox"/> \$2 million/\$2 million	<input type="checkbox"/> \$2 million/\$5 million
	<input type="checkbox"/> \$3 million/\$3 million	<input type="checkbox"/> \$4 million/\$4 million	<input type="checkbox"/> \$5 million/\$5 million

10. Is this a 24-hour operation? Yes No

11. Are there unattended operations? Yes No

12. Are all flammables stored in a fire resistive cabinet? Yes No

13. Do all machines have a current overload protection and/or automatic thermostat control? Yes No

14. Are there functional and operational drains available and placed near all washing machines? Yes No

15. Are there any coin-operated self-service dry-cleaning machines?? Yes No

16. Is there any sale, service or storage of fur products (fur collars and synthetic furs are eligible)? Yes No

17. Is perchloroethylene the only dry-cleaning chemical used? Yes No

18. Are there surveillance cameras in all public areas? Yes No

Building Owner

19. Is any portion of the building leased to commercial tenants? Yes No

20. If "Yes," applicable sq. ft. _____

21. Does the applicant lease any apartments at this location? Yes No

22. If "Yes," number of units _____

23. Applicable sq. ft. of apartments _____

Additional Interests (AI = Additional insured, LP = Loss payee, M = Mortgagee)

Name	Relationship/Interest	Address	City, Province, Postal Code	AI	LP	M
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FULL DISCLOSURE

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that if I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.

Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

PERSONAL INFORMATION CONSENT

I am providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following:

- i) To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's and the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information.
- ii) That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess, manage and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law.

I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on their behalf.

I may obtain a copy of or ask questions about my broker's, agent's or insurer's personal information policies by contacting their Chief Compliance Officer.

Applicant's Signature: _____ Title: _____
(Principal, Partner or Officer)

Print name: _____ Date: _____

If your province/territory requires a countersignature from your authorized retail agent or broker, please provide below.

Agency name: _____ Agent's signature: _____
(Required in Prince Edward Island and Saskatchewan)