

INSURANCE APPLICATION

LAUNDROMAT INFORMATION

Laundromat Name:

Laundromat Address:

Laundromat City & Zip:

Preferred contact phone:

Sole Proprietor, LLC, Corp or Partnership:

OWNER INFORMATION

Owner Name (Individual, Corp, LLC):

Owner Address:

Owner City & Zip:

Operator or Managing Member:

Operator Address:

Operator City & Zip:

Cell phone:

Email Address:

How Many Years In The Business:

Years At This Location:

STORE SPECIFICS

Request Date of Policy Start:

Square Feet of Laundromat:

Total Annual Revenue From All Sources:

Age Of The Building:

Number Of Floors In Building:

Date and Type Of Remodeling:

Do You Have Fire Sprinklers:

Do You Have Smoke Detectors:

Insurance Ever Denied:

Lease Out Any Space To Another:

Any Major Remodeling In Process:

Hours Open:

Building Class (Frame=1, Block=2, Brick=3):

Do You Have A Sprinkler System:

Fire Alarm (Local=1, Central Station=2, None=3):

Burglary (Local=1, Central Station=2, None=3):

Number Of Attendants:

Total Yearly Salary Of Attendants:

Any Fire Loss Last 5 Years:

Coverage Declined, Cancelled Or Non-Renewed:

In Receivership Or Bankruptcy:

COVERAGES REQUESTED

Laundromat Equipment & Property:

Deductible Property:

Laundromat Liability:

Deductible Liability:

Building Coverage (Own Building):

ADDITIONAL INSURED

Landlord or Other Additional Insured:

Address:

City & Zip:

Bank or Lenders Loss Payable:

Address:

City & Zip:

DISCLOSURES AND AGREEMENTS OF THE PARTIES

The Applicant agrees to the below terms and instructs Lawrence Larsen Insurance Broker, License 553938 to process this application and obtain a quote for insurance on their Laundromat business. 1. Coverage and premiums are subject to acceptance in writing by an insurer. 2. All exposures and hazards known to applicant are disclosed. 3. The application is a true description of all operations for the applicant. 4. Misrepresentation on the application may void all insurance.