

Property and Liability Application for Quote

How did you hear about the CLA Insurance Program?	
Name of the entity as it should appear on policy:	
Name of Laundromat or DBA name:	
Contact Person:	
Mailing Address:	
City, State & Zip Code:	
Phone Number:	
Business Phone:	
Fax:	
Email Address:	
Desired Effective Date:	
How many years have you been in the laundry business?	
Name of Prior or Current Insurance Company?	
Federal Employee ID Number (FEIN):	
Have you ever been declined, cancelled or not been renewed by your insurance within the past 3 years? If yes, please explain if you were declined, cancelled or not renewed.	
List any losses, date of claim & amount paid from your present carrier for the last 3 years. (please use extra sheet if necessary) This is required for each location to be bound. If none, please write "None"	
What type of equipment is used to heat water for the business?	
Laundry's street address:	
Laundry's City, State & Zip Code:	
Building Construction Type (Brick, Frame, Steel, etc):	
Do you Rent or Own the building? (Circle One)	Rent Own
Are you located in a High Hazard Flood Zone? (Circle One)	Yes No
Year Built:	

Laundromat's Total Square Footage:	
Building's Total Square Footage:	
Number of Floors in Building:	
Building Value (if insuring):	
List other tenants in building (if applicable):	
List date and extent of electrical updates (even if you rent):	
List date and extent of HVAC updates (even if you rent):	
List date and extent of plumbing updates (even if you rent):	
List date and extent of roofing updates (even if you rent):	
Do you have a Self-Service Laundry? (Circle One)	Yes No
Do you have wash/dry/fold service? (Circle One) If yes, list your annual receipts for service:	Yes No \$ _____
Do you have a Self-Service Car Wash (Circle One) If yes, how many bays do you have?	Yes No # of Bays _____
Do you have Dry Cleaning Service on the premises? (Circle One) If yes, list your annual receipts for service:	Yes No \$ _____
Do you have Dry Cleaning Drop Off? (Circle One) If yes, list your annual receipts for service:	Yes No \$ _____
Number of Employees (other than self):	
Payroll for Employees:	
List any other services offered on premises: If None, please write "None"	
Business Hours: If 24 Hour, please write "24 Hour"	
How many hours per day if your store attended?	
Value of Leasehold Improvements, if renting:	
Total Content Value for your business' Personal Property: (must be the replacement cost for New)	
Annual Gross Receipts for this Store: If insuring a brand new store, provide an estimate of the First Year's Revenue	
Do you have a Burglar Alarm?	Yes No
Do you have a Fire Alarm?	Yes No

Are the Alarms monitored by a Central Service Station?	Yes	No
Does the Building have Sprinklers?	Yes	No
List all mortgagees, loss payees (equipment lenders & financing) and additional Insured. Include complete addresses (please use extra sheet if necessary)		
Desired Property Deductible:		
Do you have machines operated at facilities OUTSIDE of the store? (ie. Apartments)	Yes	No
Do you perform Pickup & Delivery Services?	Yes	No
If yes, Do you have a Commercial Auto Policy?	Yes	No
Do your employees drive their own vehicles?	Yes	No
Do you use Independent Contractors for wash/dry/fold or dry cleaning on a regular basis?	Yes	No
By typing my name in the box, I hereby affirm that this is the same as if I were signing my name.*		
If you have completed your application and checked for errors, we recommend that you print a copy for your records. We will email you a copy of this application to the email address you supplied on the first page. We will contact you shortly, via email, with a quote		