



## PROPERTY AND LIABILITY APPLICATION FOR QUOTE

Date application was completed:	
How did you hear about the CLA Insurance Program?	
Name of the entity as it should appear on policy:	
Owner's Date of Birth:	
Name of Laundromat or DBA name:	
Contact Person:	
Mailing Address:	
City, State & Zip Code:	
Phone Number:	
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. This is required for each location to be bound. If none, please write "None."	
What type of equipment is used to heat water?	
Laundry's street address:	
Laundry's City, State & Zip Code:	
Building Construction Type (Brick, Frame, Steel, etc):	
Do you Rent or Own the building?	Rent      Own
Year Built:	
Laundromat's Total Square Footage:	
Building's Total Square Footage:	
Building Value (if insuring):	
List other tenants in building (if applicable):	
List year and extent of updates for each of the following (even if you rent):	Plumbing: Electrical: HVAC: Roofing

Please contact Alex Dolan with any questions. Email: [adolan@associated.cc](mailto:adolan@associated.cc) or Direct at 847-427-3471



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Do you have wash/dry/fold service? If yes, list your annual receipts for service:	
Do you have a Self-Service Laundry?	
Do you have Dry Cleaning services on the premises? If yes, list your annual receipts for service:	
Number of Employees (other than self):	
Payroll for Employees:	
List any other services offered on premises i.e. car wash and dry cleaning on premise: If None, please write "None"	
Business Hours: If 24 Hour, please write "24 Hour"	
How many hours per day is 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	Self Service Wash Dry Fold Dry Cleaning
Do you have a Burglar and Fire Alarm?	
Are the Alarms monitored by a Central Service Station?	
Does the Building have Sprinklers?	
List all mortgagees, loss payees (equipment lenders & financing) and additional Insured. Include complete addresses.	
Desired Property Deductible (1000, 2500, or 5000):	Select Deductible
Do you perform Pickup & Delivery Services?	
Do you use Independent Contractors for wash/dry/fold or dry cleaning on a regular basis?	
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 contact you shortly, via email, with a quote.	