

### APPLICANT INFORMATION

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ Contact for Inspection \_\_\_\_\_

Policy Dates: \_\_\_\_\_ Business Description:  Individual  Partnership  Corporation  Other \_\_\_\_\_  
 Years in business \_\_\_\_\_ Nature of Business \_\_\_\_\_

Total Gross Receipts during past 12 months \_\_\_\_\_

Type of work performed:

- a) \_\_\_\_\_ % Dry Cleaning      b) \_\_\_\_\_ % Laundry  
 c) \_\_\_\_\_ % Other (describe) \_\_\_\_\_

Locations:	Address	Plant or Pickup Station	Coverage Limit
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of cleaning solvent \_\_\_\_\_ Manufactured By \_\_\_\_\_

- a) Approved      Yes \_\_\_\_\_      No \_\_\_\_\_      b) Flash point \_\_\_\_\_

Building: a) Year built \_\_\_\_\_ b) Protection Class \_\_\_\_\_ c) Construction \_\_\_\_\_

Number of vehicles used for delivery or pickup, radius of operation and maximum limit of coverage needed on each unit \_\_\_\_\_

Describe burglar alarm systems at each location (if no system, indicate "none")

- a) Installed and serviced by \_\_\_\_\_  
 b) Type -      Central Station with keys      \_\_\_\_\_  
                   Central Station without keys      \_\_\_\_\_  
                   Local Gong / Local to Police      \_\_\_\_\_

### THREE YEAR LOSS EXPERIENCE

<u>Date</u>	<u>Losses (description and amounts paid and incurred)</u>
_____	_____
_____	_____
_____	_____
_____	_____

Comments \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Producer Name, Address & Signature