



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

DRY CLEANER SUPPLEMENTAL APPLICATION

COMPLETE IN ADDITION TO ACORD APPLICATIONS.

ATTACH ADDITIONAL SHEETS AS NECESSARY.

ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

GENERAL INFORMATION

1)

Named Insured:	
Brokerage/Broker:	
Agency/Agent:	
Renewal?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Policy Number:	
Effective Date:	
Website:	

2)

Current Carrier Information:

Carrier:	
Limit of Insurance:	
Deductible:	
Premium:	
Offering renewal?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Claims made?	Yes <input type="checkbox"/> No <input type="checkbox"/> Retroactive date:

Please attach copies of the following:

- a) Currently valued five year loss runs, including claim detail for all losses open or exceeding \$15,000
- b) MSDS sheets for all solvents and chemicals used
- c) Applicant's product brochures or catalog if a website is not available

3)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

4)

Audit/Inspection contact: _____

a. Phone number: _____

b. Email: _____

5)

If any subsidiary, product or service is to be specifically excluded from coverage, please indicate: _____

Are these products or services insured or bonded elsewhere? Yes No

6)

If you have operated under a different business name in the last ten years, please list: _____

PREMISES INFORMATION (complete this page for each location individually)

7) Premise address: _____
 City: _____ State: _____ Zip Code: _____

8) How long has this location operated as a dry cleaner? _____

9) Is this premise located in area that is:
 Urban Rural Industrial Suburban
 Other: _____

10) Please clarify neighboring occupancies within 100 feet of your premise:

	North	South	East	West
Occupancy				
Distance				

11) Is this facility in compliance with all federal, state, and local regulations? Yes No
 a. If no, please attach an explanation.

12) What type of solvent do you use at this location?
 Petroleum Perc Green Wet
 Other: _____
 a. How many gallons of solvent are used annually? _____
 b. How do you store new solvent? _____

 c. How is used solvent disposed of? _____

13) Do you utilize any chemicals other than solvents at this location? Yes No

14) How many dry cleaning machines are at this location? _____

15) Do you have any plans to replace, remove, or modify any dry cleaning machines or solvent within the next twelve (12) months? Yes No
 a. If yes, please clarify: _____

16) Are there any above ground storage tanks at this location? Yes No
 a. If yes, are they attached to the dry cleaning machines? Yes No

17) Do you perform leak detection? Yes No
 a. If yes, what type? _____

18) Are all floors sealed with an OSHA approved coating or paint? Yes No

19) Has there ever been an environmental release at this location? Yes No
 a. If yes, please attach an explanation as well as copies of any governmental agency reports.

20) Is there any ongoing remediation cleanup at this location? Yes No
 a. If yes, please provide a copy of the last two rounds of remediation sampling and the engineer's narrative.

MACHINERY INFORMATION (complete this page for each dry cleaning machine individually)

- 21) Please list the make, model, and serial number for this machine: _____

- 22) What year was this machine originally installed? _____
- 23) Has this machine been upgraded, rebuilt, or otherwise significantly overhauled? Yes No
a. If yes, when? _____
b. Please describe the changes made: _____

- 24) Is this a closed loop machine (does not vent to the atmosphere)? Yes No
- 25) Is this a dry to dry transfer machine? Yes No

LOSS EXPERIENCE

- 26) Have you had any claims or suits that were or were not covered by insurance? Yes No
If yes, please attach an explanation.
- 27) During the past five years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for nonpayment of premium by any insurance or finance company. **If yes, please attach an explanation.** Yes No
- 28) Has any lawsuit ever been filed, or any claim otherwise been made against you or any other person proposed for this insurance, including any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person, company or entities on whose behalf your company has performed operations or assumed liability **If yes, please attach a description of details.** Yes No
- 29) Is your company aware of any occurrences, facts, circumstances, incidents, situations, act, error, omission or records request from an attorney which may result in a claim or suit? **If yes, please attach a description of details.** Yes No

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____

FEIN #: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____