



RENEWAL APPLICATION FOR DRY CLEANERS PROGRAM

(THIS APPLICATION IS FOR A CLAIMS MADE POLICY)

APPLICANT'S INFORMATION

APPLICANT NAME:			
BUSINESS NAME:			
GROSS RECEIPTS:	LAST 12 MONTHS:	EST. NEXT 12 MONTHS:	
COVERAGE DESIRED:	<input type="checkbox"/> Site Pollution Liability	<input type="checkbox"/> General Liability (attach an Acord app)	
MAILING ADDRESS:			
PHYSICAL ADDRESS:	<input type="checkbox"/> Same as above		
TYPE OF BUSINESS:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership
	<input type="checkbox"/> Municipality	<input type="checkbox"/> Non Profit	<input type="checkbox"/> Joint Venture
	<input type="checkbox"/> OTHER: _____		

GENERAL INFORMATION

1. Please provide details on any changes at your facility:

<input type="checkbox"/> New machine installed	<input type="checkbox"/> Change in cleaning solvent
<input type="checkbox"/> Floors coated	<input type="checkbox"/> Leak detection
<input type="checkbox"/> Secondary containment installed	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Storage tanks (above or below ground)	

2. Has this facility had a leak, spill, release, discharge within the last 12 months? No Yes
If "Yes," explain: _____

3. At the time of signing this application, are you aware of any circumstances which may reasonably be expected to give rise to a claim under this policy? No Yes
If "Yes," explain: _____

4. A. Number of dry cleaning machines at this facility: _____
 B. Year installed: _____

5. Type of solvent used: Perc. Petroleum based solvent Other: _____

I CERTIFY THAT THE STATEMENTS SET FORTH IN THIS APPLICATION ARE CORRECT. IF ANY INFORMATION SUPPLIED ON THIS APPLICATION SHOULD CHANGE BETWEEN THE DATE OF THIS APPLICATION AND THE INCEPTION DATE OF THE POLICY PERIOD, I WILL IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGE. I AGREE THAT THIS APPLICATION SHALL BE DEEMED TO BE ATTACHED TO AND MADE PART OF THE POLICY, IF ISSUED, AS IF PHYSICALLY ATTACHED TO THE POLICY. I ALSO UNDERSTAND THAT ANY MISREPRESENTATION OF INFORMATION CONTAINED IN THIS APPLICATION COULD RESULT IN THE POLICY BEING VOIDED.

I UNDERSTAND THAT THE COMPANY WILL RELY ON THE INFORMATION I HAVE PROVIDED IN THIS APPLICATION AS THE BASIS FOR DECIDING WHETHER AN INSURANCE POLICY WILL BE ISSUED.

I HEREBY AUTHORIZE THE COMPANY TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION AS IT DEEMS NECESSARY. THE UNDERSIGNED HEREBY AUTHORIZES THE RELEASE OF LOSS INFORMATION FROM ANY PRIOR INSURER TO THE COMPANY. IN THIS REGARD, I CERTIFY THAT I WILL EXECUTE WHATEVER AUTHORIZATIONS OR RELEASES MAY BE NECESSARY TO PERMIT THE COMPANY TO SECURE ANY SUCH INFORMATION.

* 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 conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

* not applicable in all states

Applicant's Signature: _____

Title: _____ Date: _____