



COIN-OPERATED LAUNDROMAT SUPPLEMENTAL APPLICATION

APPLICANT INFORMATION

Name of Applicant: _____

Years in Business: _____ Years with same management: _____

If someone, other than you, will be managing the business, what prior experience have they had in this type of operation? _____

*Currently valued loss runs required.

SERVICES

(Please check all that may apply)

Receiving/Pick-Up Station Coin-Operated Laundromat – Self Services (fully attendant)

Hours of Operation: _____ to _____

Days of Business: _____

Store Total Area: _____

of Washers: _____ # of Dryers: _____

of Employee: _____ Full-Time: _____ Part-Time: _____

GENERAL INFORMATION

Are dryers properly vented and equipped with automatic shut-off devices? Y N

When was the last thorough cleaning of the entire dryer venting/ducting system?

How often are lint screens on dryers cleaned?

Is there a video surveillance system in place? Y N

Is a pick-up/delivery service offered? Y N

Is there a children play area? Y N

Do all safety locks/latches work on frontload washers while operating? Y N

Do all dryers stop rotating immediately upon opening the dryer door? Y N

Are non-slip mats present, properly placed and maintained? Y N

Are wet floor hazard cones or signs used in the event of wet/slippery floors? Y N

Are all flammables stored in a fire resistive cabinet? Y N

Do all machines have a current overload protection and/or automatic thermostat controls? Y N

Are functional and operational drains available and placed near washing machines? Y N



KOOKMIN BEST INSURANCE CO., LTD. (US BRANCH)

505 N BRAND BLVD, STE 1025

GLENDALE, CA 91203

MAIN: 818.254.1040

FAX : 323.425.8330

ADDITIONAL COMMENTS

Are there any other unusual exposure/hazard not asked that Leading Insurance Services (LIS) should be aware of prior to releasing a quote for this risk? Please state any matters LIS should be aware of regarding this risk in the space below:

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FRAUD STATEMENT

Please read the statement applicable to your state. Then sign, date and return with your application.

CALIFORNIA: For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

HAWAII: For your protection, Hawaii law requires you to be informed that any person who presents a fraudulent claim for payment of a loss or benefit is guilty of a crime punishable by fines or imprisonment, or both.

ILLINOIS: Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and civil penalties.

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

NEW YORK: 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, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

PENNSYLVANIA: 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 commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

VIRGINIA: 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.

Applicant's Signature: _____ Date: [Click here to enter a date.](#)_____

Name of Authorized Agent or Broker: _____