



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

505 N BRAND BLVD, STE 1025

GLENDAL, CA 91203

MAIN: 818.254.1040

FAX : 323.425.8330

## DRY CLEANING 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)

Dry Cleaning Store  Dry Cleaning with Plants

Receiving/Pick-Up Station

Hours of Operation: \_\_\_\_\_ to \_\_\_\_\_

Days of Business: \_\_\_\_\_

Store Total Area: \_\_\_\_\_

# of Employee: \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

### GENERAL INFORMATION

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

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

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

Are there any sales, services or storage of fur products?  Y  N

If perchloroethylene is used in the business, do you have a valid permit to operate?  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

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

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

### 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: \_\_\_\_\_