



**COIN LAUNDRY APPLICATION**

**Insured Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Location Address**

Loc	Street Address	City	State	Zip Code
1				
2				
3				

**Loss History (if any)**

Year	Total Incurred	Description

**Property Information**

Loc / Bldg	Coverage	Limit of Ins.	Valuation	Coinsurance	Construction	Building Age

Building Updates:    Roofing \_\_\_\_\_    Wiring \_\_\_\_\_    Heating \_\_\_\_\_    Plumbing \_\_\_\_\_

Sprinklered? Circle One                      Yes / No

Central Station Alarm? Circle One                      Yes / No

**Liability Information**

# of Washers \_\_\_\_\_    Total # of Machines (including Dryers) \_\_\_\_\_    Hours of Operation \_\_\_\_\_

Years in Business \_\_\_\_\_    If New Venture, Any Prior Experience \_\_\_\_\_

Additional Insureds? Circle One                      Yes / No

If Yes, please circle type (AI, Mortgagee, Loss Payee) and provide name and address below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Applicant Signature / Date

\_\_\_\_\_  
Producer Signature / Date