



**Linen Suppliers & Industrial Launderers Supplemental – Excess / Umbrella**

<b>Name of Applicant:</b>	
Does the applicant provide delivery service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant follow storage methods in compliance with NFPA, EPA and state/local standards for flammable & combustible liquids?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant use a waste-disposal company for perc or burned out cartridges?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the insured have a maintenance & cleaning plan in place for the premises & equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the insured provide any contracts to medical facilities? If yes, does the insured have a sterilization procedure? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the insured store fur, leather or other expensive garments?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**FRAUD WARNING:**

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 such person to criminal and civil penalties.

APPLICANT SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

AGENT SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_