



APPLICATION FOR DRY CLEANERS PROGRAM
(THIS APPLICATION IS FOR A CLAIMS MADE POLICY)

INSTRUCTIONS

- 1. If space is not sufficient to fully answer the questions, please attach additional pages.
2. This form must be signed and dated by an owner, partner or officer of the company.
3. Attach the following items: a copy of the Environmental Health & Safety Audit (if applicable) and description of any fines, penalties, or violations.

CHECK THE COVERAGE(S) FOR WHICH YOU ARE APPLYING:

Site Pollution Liability Coverage (claims made)
Limits: \$250,000 \$500,000 \$1,000,000 Other:
Deductible: \$5,000 \$10,000 \$25,000 Other:
Proposed Effective Date:

General Liability Coverage (occurrence)
Limits: \$500,000 \$1,000,000 Other:

Dry Cleaning Operations are classified by the type of machine used at their facility. There are five generations of machines presently in use in the United States. The five types of machines are:

FIRST GENERATION – TRANSFER MACHINE:

This is similar to the washer and dryer we use in our homes. The clothes are washed in one unit with the chemicals and then transferred to a second unit of drying. The chemicals are vented to the atmosphere and there is the potential for chemicals to get on the workers clothing and skin and on the floor of the facility during the transfer.

SECOND GENERATION – DRY-TO-DRY MACHINES:

This machine combines the washer and dryer unit into one machine. This reduces the loss of solvent in the transfer of the clothes from one machine to the other, reduces employee injury, and vents the residual vapor to the atmosphere or external control devices.

THIRD GENERATION:

These machines were in use by the late 1970's early 1980's and are like Second Generation machines with more control devices. It is a dry-to-dry system with a built in refrigerated condenser. It is a closed loop system and does not vent to the atmosphere.

FOURTH AND FIFTH GENERATION:

These are closed loop systems that do not vent. They have internal vapor recovery devices.



APPLICATION FOR POLLUTION LEGAL LIABILITY COVERAGE FOR DRY CLEANERS
 (THIS APPLICATION IS FOR A CLAIMS MADE POLICY)

APPLICANT'S INFORMATION

APPLICANT NAME:			
BUSINESS NAME:			
GROSS RECEIPTS:	LAST 12 MONTHS:	EST. NEXT 12 MONTHS:	
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

- Have any waste materials been disposed of, buried or spilled on your property or other property? No Yes
If "Yes," explain: _____
- Has any location for which you are applying for coverage ever had a leak, spill, release, discharge within the last 5 years? No Yes
If "Yes," explain: _____
- Has any location ever received a notice of regulatory violations, or sustained any pollution-related claims, liability lawsuits or complaints from neighbors? No Yes
If "Yes," explain: _____
- At the time of signing this application, are you aware of any circumstances that may reasonably be expected to give rise to a claim under this policy? No Yes
If "Yes," explain: _____
- To the best of your knowledge, are you in compliance with all federal, state and local safety, health and environmental regulations and notification requirements? No Yes
If "No," explain: _____
- Are all machines operated and maintained in accordance with manufacturer specifications and recommendations? No Yes
- When waste solvents are picked up for offsite disposal/recycling, do you receive a manifest from the company collecting the waste? No Yes
If "No," explain: _____
- Which cleaning solvent is being used or do you use? Perc. Petroleum other: _____

COMMENTS: _____

FACILITY INFORMATION

Complete this page for EACH facility. All questions must be answered. Attach additional sheets if needed.

FACILITY NAME & ADDRESS: _____

9. How long has this site operated as a dry cleaner? _____

10. Who was the previous occupant (and how long)? _____

11. Please describe the operations on the property immediately adjacent to yours:

North: _____ East: _____

South: _____ West: _____

Directly Above: _____

12. A. How many dry cleaning machines are on the premises? _____

B. What "generation" machines are used? _____ (2nd, 3rd, 4th, 5th, etc.)

C. What year was each of the machines installed? _____

13. A. If installed prior to 1980 have they been retrofitted? No Yes

If "Yes," what year was the machine retrofitted? _____

B. Please provide a description of the upgrades that were done to the machine. _____

14. How much solvent is used in each machine per month (working and clean tanks)? _____

15. Describe any storage of solvent outside of the cleaning unit: _____

If you use storage tanks for solvent storage, please complete the tank schedule in Appendix A.

16. Was the cleaning equipment installed prior to 1991? No Yes

17. Does each machine have secondary containment? (drip pan, etc...) No Yes

18. A. Do you have an active leak detection program? No Yes

B. What form of leak detection do you utilize? _____

19. Is the floor in the work area painted with OSHA-approved paint to resist solvent absorption? No Yes

concrete epoxy coated other: _____

20. Loss History: Any prior losses within the past three years? No Yes

If "Yes," please explain: _____

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 AUTHORIZED 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: _____

APPENDIX A. DRY CLEANING SOLVENT STORAGE TANKS

COMPLETE THE INFORMATION REQUESTED IN THE FOLLOWING TABLES.

Tanks			Piping		
Tank ID Number (yours)			Construction		
Underground (U) or Above Ground (A)			Pump System		
Date Installed (Mo/Yr)			Line Leak Detectors?(yes/no)		
Capacity (gallons)			Last Tightness Test		
Construction					
Contents					
Leak Detection					
Last Tightness Test					
Spill Catchment Basin? (yes/no)					
Overfill Device? (describe)					

APPLICANTS WITH ABOVE GROUND STORAGE TANKS, PLEASE COMPLETE THE FOLLOWING:

1. Describe any secondary containment. Indicate the type of containment and its construction material (e.g., concrete diking, earthen berm; double-walled tanks): _____

2. Tank pad construction material (e.g., concrete, gravel, soil): _____
If concrete, has it been sealed? No Yes

3. Do any tanks have attached underground piping? No Yes
 - a. What is the length of piping underground? _____
 - b. When was it last tightness tested? _____
 - c. Is testing scheduled? No Yes