

**DRY CLEANERS SUPPLEMENTAL APPLICATION**

This Supplemental Application along with all other requested Donegal Insurance Group Applications and/or ACORD Applications constitute the Application for Insurance.

**A. APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_ Web Site Address: \_\_\_\_\_  
 Quote/Policy Number: \_\_\_\_\_ Date Quote Needed: \_\_\_\_\_  
 Agency Name and Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**Please Complete A Separate Dry Cleaners Supplemental Application Form For Each Premise/Location**

**B. GENERAL INFORMATION**

1. Name of Establishment: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contact Info. (For Inspection): \_\_\_\_\_
2. Total Years of Ownership: \_\_\_\_\_
3. Total Employees: Part Time: \_\_\_\_\_ Full Time: \_\_\_\_\_
4. Are any employees under the age of 18 or over the age of 60?  Yes  No  NA  
 If yes, describe duties: \_\_\_\_\_
5. Hours of operation? \_\_\_\_\_
6. Total annual receipts: \$ \_\_\_\_\_
7. Average charge per order: \$ \_\_\_\_\_
8. Average value per order: \$ \_\_\_\_\_
9. Number of vehicles: \_\_\_\_\_  
 Are any vehicles used for delivery or pick-up services?  Yes  No  
 If yes, describe times of travel and radius in miles: \_\_\_\_\_
10. Is property left in vehicles overnight?  Yes  No If yes, explain reasons: \_\_\_\_\_
11. Any storage of Furs or Garments?  Yes  No
  - a. Annual Storage Receipts: \$ \_\_\_\_\_
  - b. Maximum value per article accepted: \$ \_\_\_\_\_
  - c. Storage contract used with customers (if yes provide copy)?  Yes  No
  - d. Vault storage?  Yes  No
 If yes, describe construction: \_\_\_\_\_
12. Any retail operations at the plant?  Yes  No
13. What are the average and maximum amounts of cash on the premises daily? \_\_\_\_\_
14. Are bank deposits made daily?  Yes  No
15. Are bank deposits on a staggered schedule to avoid suggesting a pattern?  Yes  No
16. Does the risk keep a loaded firearm on the premises?  Yes  No
17. Are surveillance cameras used?  Yes  No
18. Is the facility well lit at night?  Yes  No

**C. GENERAL BUILDING INFORMATION**

- 1. Age of building? \_\_\_\_\_
- 2. When were the utilities/roof last updated?
  - a. Plumbing: \_\_\_\_\_
  - b. Heating: \_\_\_\_\_
  - c. Electric: \_\_\_\_\_
  - d. Roof: \_\_\_\_\_
- 3. Please provide details of the surrounding properties (describe name/operations if a business):
  - a. Within the same building: \_\_\_\_\_
  - b. North: \_\_\_\_\_
  - c. South: \_\_\_\_\_
  - d. East: \_\_\_\_\_
  - e. West: \_\_\_\_\_

**D. DRY CLEANING INFORMATION**

- 1. Has there ever been an environmental release at this location?  Yes  No  
If yes, please explain: \_\_\_\_\_
- 2. Is there ongoing remediation cleanup at this location?  Yes  No  
If yes, please provide a copy of the last two rounds of remediation sampling and the engineer's narrative. \_\_\_\_\_
- 3. Is the facility in compliance with all federal, state, and local environmental regulations?  Yes  No
- 4. Has this location, or any location, received a notice of regulatory violations, or sustained any pollution-related claims, liability lawsuits or complaints from neighbors?  Yes  No  
If yes, please explain: \_\_\_\_\_
- 5. Have any waste materials been disposed of, buried, or spilled on your property or other property?  Yes  No  
If yes, please explain: \_\_\_\_\_
- 6. How long has this location operated as a dry cleaner? \_\_\_\_\_  
Who was the previous occupant and how long? \_\_\_\_\_  NA
- 7. Number of cleaning machines at this location: \_\_\_\_\_
- 8. Age and original installation of each machine: \_\_\_\_\_
- 9. Type of machines and number of each (check all that apply):
  - Transfer Machines - #: \_\_\_\_\_ - wash in one unit and dry in another
  - Dry to Dry machines (2<sup>nd</sup> Gen) - #: \_\_\_\_\_ - vents to the atmosphere or external control device.
  - Dry to Dry machines (3<sup>rd</sup> Gen) - #: \_\_\_\_\_ - closed loop system and does not vent to the atmosphere.
  - Closed loop system with internal vapor recovering devices - #: \_\_\_\_\_
- 10. What type of solvent is used?  Petroleum  Perc  Green  Wet
- 11. How many gallons of solvent are used? Monthly \_\_\_\_\_ Annually \_\_\_\_\_
- 12. How do you store new solvent? \_\_\_\_\_
  - a. Above ground storage tanks?  Yes  No Total number and quantity of each: \_\_\_\_\_
- 13. How is used solvent disposed of? \_\_\_\_\_
- 14. When waste solvents are picked-up for offsite disposal/recycling, do you receive a manifest from the company collecting the waste?  Yes  No
  - a. If yes, how long do you keep these records? \_\_\_\_\_

15. Do you have an active leak detection program?

Yes  No

If yes, please explain: \_\_\_\_\_

16. Is the floor in the work area painted with OSHA-Approved coating/paint?

Yes  No

17. Has any air sampling ever been done in the plant for contaminants?

Yes  No

If yes, please explain the findings: \_\_\_\_\_

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**REMARKS:**