



172 Main Street
Nanuet, NY 10954
845-623-3434 Phone
845-623-4332 Fax
www.clginsurance.com

Application for New Business

Named Insured: _____

Target Account Premium:

Please complete the attached applications for requested coverages

Only complete the sections that are applicable

Supplemental applications may be needed for certain classes of business

A signed and dated Acord 125 must be submitted with this Application if account is Bound

Thank you for choosing CLG Insurance and giving us the opportunity to work on your insurance needs.
We look forward to working with you.

Application for New Business

General Information

Product to Quote: BOP WCP Auto UB PKG Other _____

Effective Date: _____ Need by: _____ Target Prem: _____

Entity: Individual Partnership LLC Corporation Other _____

Named Insured: _____

Address: _____

City: _____ State: _____ County: _____ Zip: _____

Business Phone: _____ E-mail address: _____

FEIN: _____ (Must have for WCP)

Contact person: _____ Phone #: _____

of employees: Full-time _____ Part-time _____ Year Business started: _____

Hours/Days of operation: _____

Detailed description of operations:

Expiring Information

No Prior New Venture

Previous Carrier: _____ Previous Agent: _____

Years w/Prev carrier: _____

BOP/Prop:	Auto:	Workers Comp:	Other:
Eff. Date: _____	Eff. Date: _____	Eff. Date: _____	Coverage: _____
Bldg Limit: _____	Limits: _____	Limits: _____	Eff. Date: _____
Contents Limit: _____	# of Veh: _____	Mod: _____	Limits: _____
Deductible: _____	# of Drivers: _____	# of EE's _____	Exp. Prem: _____
GL Limit: _____	Deductibles: _____	Total Payroll: _____	
Exp. Prem.: _____	Exp. Prem: _____	Exp. Prem: _____	

Loss Information

Any Claims/losses in the last 5 years: None Yes If yes, give details.

DOL	Coverage	Amt Paid	Status	Description of loss:

*If more than 2 losses or more than \$5,000 paid, loss runs must be attached

Pollution Policy? Yes No Retro date: _____ If no, would you like a quote? _____

Notice of Insurance Information Practices

Personal information about you, including information from a credit report, may be collected from persons other than you in connection with this application and subsequent renewal, such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how submit a request to us.

Any persons who knowingly and with intent to defraud any insurance company or another 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 [NY:Substantial] civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

The undersigned is an authorized representative of the applicant and certifies that the reasonable enquiry has been made to obtain the answers to questions on this application. He/She certifies that the answers are true, correct and complete to the best of His/Her knowledge.

Applicant's Signature	Date	Producer's Signature	Date
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Property Information

Named Insured: _____

***Dry Cleaners only:**

Are you a member of the NCA? Yes No Gross Ann. Sales \$ _____

Cleaning done on premises? Yes No

Pick up/Delivery? Yes No

Do you offer services other than dry cleaning? Yes No Explain: _____

What type of solvents are used? Perc Hydrocarbon Silicone

Location #1:

Building	\$ _____	Deductible \$ _____	<input type="checkbox"/> Frame	<input type="checkbox"/> Masonry Non-combustible
Contents	\$ _____	\$ _____	<input type="checkbox"/> Joisted Masonry	<input type="checkbox"/> Modified Fire Resistive
Equipment	\$ _____		<input type="checkbox"/> Non-Combustible	<input type="checkbox"/> Fire Resistive
Business Income	\$ _____			
Storage on site:	\$ _____	Fur vault storage		
	\$ _____	Non-Fur storage		

Year Built: _____

Sq. footage: _____ Ft to hydrant _____

of stories: _____ Miles to FD _____

Updates:			
Roof:	_____	Plumbing:	_____
Electric:	_____	Heating:	_____

Other Occupants _____

Sprinklered: Yes No CS Alarms: Burglar Fire Monitoring Company: _____

Additional Insured: Landlord/Mortgagee Name: _____

Address: _____

Contact: _____

Phone #: _____ Fax #: _____

Location #2:

Building	\$ _____	Deductible \$ _____	<input type="checkbox"/> Frame	<input type="checkbox"/> Masonry Non-combustible
Contents	\$ _____	\$ _____	<input type="checkbox"/> Joisted Masonry	<input type="checkbox"/> Modified Fire Resistive
Equipment	\$ _____		<input type="checkbox"/> Non-Combustible	<input type="checkbox"/> Fire Resistive
Business Income	\$ _____			
Storage on site:	\$ _____	Fur vault storage		
	\$ _____	Non-Fur storage		

Year Built: _____

Sq. footage: _____ Ft to hydrant _____

of stories: _____ Miles to FD _____

Updates:			
Roof:	_____	Plumbing:	_____
Electric:	_____	Heating:	_____

Other Occupants _____

Sprinklered: Yes No CS Alarms: Burglar Fire Monitoring Company: _____

Additional Insured: Landlord/Mortgagee Name: _____

Address: _____

Contact: _____

Phone #: _____ Fax #: _____

General Liability

Liability Limits: \$1,000,000/2,000,000 \$2,000,000/4,000,000 Hired and Non-owned Auto

Fire Legal Limits: \$50,000 \$100,000 \$300,000 Other: \$ _____

Med Pay Limits: \$5,000 \$10,000 Other: \$ _____

Classification description	Basis	Exposure

Total Number of Employees

Gross Receipts: \$ _____ Are subcontractors used? Yes No

% of work subcontracted: _____ Type of work subbed? _____

If yes, are COI's obtained and name the insured as AI? Yes No

Auto Information

Named Insured:

Liability Limits: \$500,000 \$1,000,000 Hired and Non-owned Auto
 Symbols: 1 7 8 9 Towing: \$ _____ Rental: \$ _____
 Additional PIP \$ _____ Med Pay: \$ _____
 DOC: List covered drivers: _____
 Comprehensive Deductible: \$ _____
 Collision Deductible: \$ _____ Garaging Location: _____

Vehicle Information:

Year	Make	Model	Vin	Cost New	GVW	Use	Radius	Lease/Loan/None

Driver Information:

Name	DOB	License #/State	Violations	CDL?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Interest Information:

<input type="checkbox"/> Additional Insured	Name: _____
<input type="checkbox"/> Loss Payee	Address: _____
<input type="checkbox"/> Lienholder	Vehicle: _____
<input type="checkbox"/> Other	Loan/Ref. #: _____
<input type="checkbox"/> Additional Insured	Name: _____
<input type="checkbox"/> Loss Payee	Address: _____
<input type="checkbox"/> Lienholder	Vehicle: _____
<input type="checkbox"/> Other	Loan/Ref. #: _____
<input type="checkbox"/> Additional Insured	Name: _____
<input type="checkbox"/> Loss Payee	Address: _____
<input type="checkbox"/> Lienholder	Vehicle: _____
<input type="checkbox"/> Other	Loan/Ref. #: _____

Explain all "Yes" answers

Name of registrant for all vehicles? _____

Do over 50% of the employees use their vehicles in the business? Yes No

Is there a vehicle maintenance program in place? Yes No

Are any vehicles leased to others? Yes No

Any filings required? Yes No

Are any vehicles customized, altered or have special equipment? Yes No

Any transportation of hazardous materials? Yes No

Any vehicles used by family members? Yes No

Do you have a specific recruiting plan and order MVR's? Yes No

Any drivers not covered by Workers Comp? Yes No

Any vehicles owned but not scheduled? Yes No

Workers Compensation Information

Named Insured:

Limits: 100/500/100 500/500/500 1000/1000/1000

States that you operate in: _____

Officers:

Name	DOB	Ann. Salary	Social Security #	Incl/Excl	% owned	Duties

Code	Description	Payroll	# of FT EE's	# of PT EE's	Includes officer?	
		\$			<input type="checkbox"/> Yes	<input type="checkbox"/> No
		\$			<input type="checkbox"/> Yes	<input type="checkbox"/> No
		\$			<input type="checkbox"/> Yes	<input type="checkbox"/> No
		\$			<input type="checkbox"/> Yes	<input type="checkbox"/> No
		\$			<input type="checkbox"/> Yes	<input type="checkbox"/> No
		\$			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Current Mod:

Do you provide health benefits to your employees?

Yes No

Provider: _____

Do you have a Return to Work Program?

Yes No

Do you have a formal safety program in place?

Yes No

Please provide a copy

Do you provide Personal Protective Equipment?

Yes No

Umbrella Information

Limit: \$ _____ Retention: \$ _____ None

*If we are **not** writing the GL, Auto and/or WCP - need underlying information*

GL	Carrier: _____	Limit: \$ _____	Eff Date: _____	Premium: \$ _____
Auto	Carrier: _____	Limit: \$ _____	Eff Date: _____	Premium: \$ _____
WCP	Carrier: _____	Limit: \$ _____	Eff Date: _____	Premium: \$ _____

Remarks/Notes:

Underwriting Questions

Named Insured:

During the past 3 years, have there been more than 2 property and /or liability losses at any single locations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any open claims or has there been any closed claim(s) over \$5000.00 in the last 3 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In the last 3 years, has any coverage been declined, cancelled or non-renewed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the prior carrier an Excess & Surplus Lines carrier?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any location that generates more than \$5,000,000 in annual gross sales?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any location where >25% of annual gross sales are from off-premises delivery, installation, rental, repair or service (including work performed by sub-contractors)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have the roof , Plumbing , Heating and A/C all been updated or replaced in the last 30 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the electric been upgraded to include 3 prong grounded outlets and GFI's?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the building undergoing any renovations at this time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the insured's operation consist primarily of cleaning garments and household fabric items?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are more than 10% of the insured's sales come from cleaning and/or storage of specialty items, such as antique apparel or wedding gowns?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the insured's employee training plan include instruction on the proper use, transfer, ventilation, and storage of perchloroethylene and /or other petroleum solvents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the insured comply with all EPA and state regulations regarding discharge of wastewater and solvent emissions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all boilers inspected on a regular basis to meet jurisdictional laws and regulations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does all pressing and ironing equipment have automatic thermostatic controls and properly functioning pressure relief valves on steam pressing machines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do the insured's storage arrangements comply with NFPA 32, Drycleaning Plants and NFPA 30, Flammable and Combustible Liquids storage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do plastic garment bags contain air holes and warnings of suffocation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is smoking permitted on premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any operations involving the use of watercraft or aircraft?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any work performed on barges, vessels, docks or bridges over water?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant involved in any other type of business	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any employees under 16 or over 60 years of age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any volunteer, leased or donated labor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do employees travel out of State or predominately work at home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any work performed over 15 feet or below 5 feet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does payroll from subcontractors, seasonal or part time employees exceed 15% of the total payroll?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all machines equipped with double start buttons?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all machines properly guarded in accordance with OSHA regulations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant have any prior "unsatisfactory" air sampling results for overexposure to PERC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any operations where proper ventilation/air conditioning/exhaust is limited in the facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No