



Fabricare Advantage Supplemental

COMPANY: _____

LOCATION NUMBER: _____ OF _____

ADDRESS: _____

THE INFORMATION IN THIS TOP SECTION IS REQUIRED FOR FIRST LOCATION ONLY:

Is this a New Venture (Y/N): ____ If NO, how many years in business: ____

If YES, give new Owner's Experience --- Years as an Owner: ____ Years as a Manager: ____

Name & Address of Former Operation: _____

Did you own the Former Operation (Y/N): ____

If NO, what was your position (Manager, Clerk, Machine Operator etc): _____

Add' Info for consideration: _____

REQUIRED FOR EACH LOCATION ON COIN-OPERATED LAUNDROMATS:

24-Hour (Y/N): ____ Hours of Operation: _____ Attended during all operating Hours (Y/N): ____

Lint removal frequency: _____

REQUIRED FOR EACH LOCATION ON DRY CLEANING OPERATIONS (PLANTS & DROP STORES):

Average Number of Garments at Location Daily: _____

GROSS ANNUAL SALES: Retail Cleaning: _____ Commercial: _____ Restoration: _____ Gowns/Specialty: _____

OPERATIONS: Any cleaning for Hospitals/Doctors/Medical (Y/N): ____ Gross Annual Sales: _____

Any cleaning for Casinos/Hotels/Restaurants (Y/N): ____ Gross Annual Sales: _____

Describe ALL OTHER Non-Retail dry cleaning operations: _____

Workers' Compensation Required (Y/N): __ Current Payroll Company (if applicable): _____

Pick Up/Delivery (Y/N): __ Boxed Storage (Y/N): __ Average # of Garments stored _____

Fur Storage (Y/N): __ Avg # of Furs Stored/year: _____ Fur Cleaning/Processing (Y/N): __ Fur Process/cleaning Gross Sales: _____

Name/Address of Fur Storage Facility: _____

REQUIRED FOR EACH PLANT LOCATION ON DRY CLEANING OPERATIONS:

Age of machines/equipment: ____ Generation of Dry Cleaning Machines: ____ Frequency of Maintenance: _____

Age of Boiler: ____ Frequency of Maintenance: _____

Thermostat Controls (Y/N): __ Overload Protection (Y/N): __ Vapor Room (Y/N): __ Containment Pan (Y/N): __

Solvent: _____ If Petroleum – Flash Point: _____ (Degrees)

Lint removal frequency: ____ UL Approved Containers-solvent/waste storage (Y/N): ____ Waste Disposal by Licensed Hauler(Y/N):__

Heating Equipment free from combustibile storage (Y/N): __

Signature of Insured: _____ Date Signed: _____