

Are you a Tide Franchisee?

Yes No

W. P. Dolle, LLC
DRY CLEANERS APPLICATION



General Applicant Information:

Business Name: _____
Owner's Name: _____
Address: _____
Phone Number: _____ Website: _____
Any other named insureds: _____
Form of business, (e.g. LLC, corporation): _____
Business start date: _____ FEIN: _____
Description of operations: _____
Amount of cash left overnight in drawers: _____ Is there a safe on site? Yes No
Annual sales receipts: _____

Prior Insurance Information:

Prior insurance company name: _____
Policy(ies) Number(s): _____ Policy effective dates/expiration dates: _____

Any claims or losses in last three years? If yes, please describe. _____

Workers Compensation/ERISA Intake:

Payroll: _____ Total # of employees: _____
If open less than 3 years old, how many years of management experience: _____
ERISA – Name of plan and total assets if coverage is desired: _____

Property Insurance Intake:

Are you an owner or tenant: _____
Building value: _____ Total square footage: _____
Total square footage % occupied by insured, other tenants, unoccupied space: _____
Year built: _____ # of stories: _____
Construction type (e.g. frame, joisted masonry, non-combustible, modified fire resistant, etc.): _____
Roof construction: _____ Year roof was replaced, if applicable: _____
Sprinkler system: _____
Fire alarm type (e.g. central station battery hard wired): _____
Value of business personal property: _____

Auto Insurance Intake:

VIN, make, model year and cost of auto (new) of all commercial vehicles owned: _____
Auto loss payees, if any: _____
Driver information:

	1	2	3
• Name:	_____	_____	_____
• DOB:	_____	_____	_____
• DL#	_____	_____	_____

Do any employees operate their personal vehicles in your business? _____
Do you rent or leased vehicles for business operations? _____