



Marshall & Sterling Upstate, Inc.



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**NORTH EAST FABRICARE ASSOCIATION (NEFA)
 INSURANCE PROGRAM**

GENERAL INFORMATION:

NAMED INSURED	
MAILING ADDRESS	Zip: _____
LEGAL ENTITY	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
FEIN:	_____-____
EFFECTIVE DATE	
CONTACT NAME	
TELEPHONE #	
FAX#:	
EMAIL ADDRESS	
DRY CLEANING / LAUNDRY OPERATIONS	<input type="checkbox"/> with plant on premises <input type="checkbox"/> without plant on premises <input type="checkbox"/> w/combination # Years in business: _____ Describe type of cleaning solvent used and how it is disposed of: _____ _____
FURRIERS:	Storage location: _____ Approved storage? (Vault constructed of Concrete or cement block with a vault door & protected by Central Station alarm.) Yes _____ No _____ # of Furs Stored _____ Value of Furs Stored: Total _____ Per Fur _____ Fur Processing? Yes _____ No _____

**If a question is not applicable, please indicate "N/A".
 If answer is unknown, please indicate "UNK".**

BUSINESS PACKAGE
(Policy Level Coverages)

GENERAL LIABILITY LIMITS: \$1,000,000 Occurrence \$2,000,000 Aggregate	PROPERTY DEDUCTIBLE: (select one) <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> Other\$ _____
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HIRED & NON-OWNED AUTO LIABILITY (select if you have no owned autos) : Yes No

LOCATION # 1

ADDRESS:	Street:			
	City:			
	State:		Zip:	
ANNUAL RECEIPTS: (Location #1)	\$			
PROPERTY:	Building Limit \$		Contents Limit \$	
	Year Built:		Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Metal NC <input type="checkbox"/> Masonry NonComb./Fire Resistant	
	Renovation Type	Partial	Full	Year Completed
	Wiring	Yes No	Yes No	
	Plumbing	Yes No	Yes No	
	Heating	Yes No	Yes No	
	Roof	Yes No	Yes No	
	# of Feet to Fire Hydrant _____		Total Square Footage of Building:	
	# of Miles to Fire Dept. _____		Square Footage Occupied:	
	Sole Occupant: <input type="checkbox"/> Yes <input type="checkbox"/> No List other occupants:		Sprinklers System: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Burglar Alarm: <input type="checkbox"/> Local <input type="checkbox"/> Central Station		Fire Alarm: <input type="checkbox"/> Local <input type="checkbox"/> Central Station		
ADDITIONAL INSUREDS: (Name & Address)	(please describe relationships)			
ADDITIONAL INSUREDS: (Name & Address)	(please describe relationships)			
MORTGAGEES AND/OR LOSS PAYEES: (Name & Address)				

LOCATION # 2

ADDRESS:	Street:			
	City:			
	State:		Zip:	
ANNUAL RECEIPTS: (Location #1)	\$			
PROPERTY:	Building Limit \$		Contents Limit \$	
	Year Built:		Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Metal NC <input type="checkbox"/> Masonry NonComb./Fire Resistive	
	Renovation Type	Partial	Full	Year Completed
	Wiring	Yes No	Yes No	
	Plumbing	Yes No	Yes No	
	Heating	Yes No	Yes No	
	Roof	Yes No	Yes No	
	# of Feet to Fire Hydrant _____		Total Square Footage of Building:	
	# of Miles to Fire Dept. _____		Square Footage Occupied:	
	Sole Occupant: <input type="checkbox"/> Yes <input type="checkbox"/> No List other occupants:		Sprinklers System: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Burglar Alarm: <input type="checkbox"/> Local <input type="checkbox"/> Central Station		Fire Alarm: <input type="checkbox"/> Local <input type="checkbox"/> Central Station		
ADDITIONAL INSUREDS: (Name & Address)	(please describe relationships)			
ADDITIONAL INSUREDS: (Name & Address)	(please describe relationships)			
MORTGAGEES AND/OR LOSS PAYEES: (Name & Address)				

AUTOMOBILE

Policy Coverages	
Coverage	Limit
Liability	\$
PIP (no fault)	\$
Med Pay	\$
Uninsured Motorist	\$
Underinsured Motorist	\$
Hired & Non-Owned	\$

Vehicle #1

Year	Make	Model	Comp Ded	Coll Ded	Cost New	Vin #
Garaging Location:						
City:		State:		Zip:		
Vehicle Usage:						
Radius of Operation:						
Additional Coverages (specify):						
Vehicle Weight: <input type="checkbox"/> 0-10,000lbs <input type="checkbox"/> 10,001-20,000lbs <input type="checkbox"/> 20,001+lbs						
<input type="checkbox"/> Commercial <input type="checkbox"/> Service <input type="checkbox"/> Private Passenger						
<input type="checkbox"/> Rental Reimbursement \$ per day/ #days						
<input type="checkbox"/> Towing & Labor						
Loss Payee:						

Vehicle #2

Year	Make	Model	Comp Ded	Coll Ded	Cost New	Vin #
Garaging Location:						
City:		State:		Zip:		
Vehicle Usage:						
Radius of Operation:						
Additional Coverages (specify):						
Vehicle Weight: <input type="checkbox"/> 0-10,000lbs <input type="checkbox"/> 10,001-20,000lbs <input type="checkbox"/> 20,001+lbs						
<input type="checkbox"/> Commercial <input type="checkbox"/> Service <input type="checkbox"/> Private Passenger						
<input type="checkbox"/> Rental Reimbursement \$ per day/ #days						
<input type="checkbox"/> Towing & Labor						
Loss Payee:						

Vehicle #3

Year	Make	Model	Comp Ded	Coll Ded	Cost New	Vin #
Garaging Location:						
City:		State:		Zip:		
Vehicle Usage:						
Radius of Operation:						
Additional Coverages (specify):						
Vehicle Weight: <input type="checkbox"/> 0-10,000lbs <input type="checkbox"/> 10,001-20,00lbs <input type="checkbox"/> 20,001+lbs						
<input type="checkbox"/> Commercial <input type="checkbox"/> Service <input type="checkbox"/> Private Passenger						
<input type="checkbox"/> Rental Reimbursement \$ per day/ #days						
<input type="checkbox"/> Towing & Labor						
Loss Payee:						

DRIVER INFORMATION

Please list all drivers. This included employees using their own vehicles for business purposes.

Driver Name	Date of Birth	License Number	Issuance State

Drivers must have the type of license required by their states for the vehicles operated. Please answer the following questions regarding motor vehicle violations occurring in the past three years (unless otherwise noted).

Has any drivers' license been suspended or revoked?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has any driver been arrested for:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<ul style="list-style-type: none"> • Driving while intoxicated, or under the influence of alcohol or drugs? • Reckless driving or similar violations (e.g., racing)? • For speeds more than 25 mph over the posted limit? • For criminal type convictions (e.g. negligent homicide, manslaughter, hit & run)? • Driving without a license? • Failure to report an accident or making a false report to authorities? 		
Has any driver had three or more at fault accidents and/or moving violations in the past three years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has any driver had two or more at fault accidents and/or moving violations in the past three years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If "YES" is answered to any of the questions above, please document the name of the driver involved, date of birth, driver's license number and state.

WORKERS COMPENSATION

Employers Liability Limits	<input type="checkbox"/> \$100,000 each accident/\$500,000 policy limit/\$100,000 each employee
	<input type="checkbox"/> \$500,000 each accident/\$500,000 policy limit/\$500,000 each employee

Coverage State	Class Codes	Annual Payroll
	Dry Cleaning – Drop off Store Only	\$
	Laundromat	\$
	Dry Cleaning Plant	\$
	Clerical Office Employees	\$
	Other (Describe)	\$
	Other (Describe)	\$
Experience Mod:	Federal ID#:	Bureau ID#:

COVERAGE INCLUSIONS/EXCLUSIONS (Executive Officers)		
Name:	Title:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
Payroll :\$		
Name:	Title:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
Payroll :\$		
Name:	Title:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
Payroll :\$		

DISABILITY

# of Females	# of Males

UMBRELLA

<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$3,000,000	<input type="checkbox"/> \$4,000,000	<input type="checkbox"/> \$5,000,000	<input type="checkbox"/> \$
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THE FOLLOWING MUST BE COMPLETED TO PROPERLY QUOTE YOUR COVERAGE.

3 Year Loss Information: Property, Liability, Crime, Automobile, Workers Comp, & umbrella (Company loss runs may be attached in lieu of completing loss information).

Loss Date	Loss Description	Paid/Reserved	Policy Premium That Year

Please provide carrier and premium information for your current coverage:

Property/Liability	
Automobile	
Workers Comp	
Disability	
Umbrella	

REMARKS

I understand that this application provides coverage highlights only and that I must read my policy(ies) to determine full coverages and exclusions provided. I hereby declare that the statements made in this application are complete and true. The signing of this application does not bind the application for coverage through the NEFA Insurance Program.

Applicant/Title	Signature	Date

Please check here if interested in obtaining a Pollution quote

I am also interested in: _____
