



CRUSADER Insurance Company

APPLICATION

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|------------------|
| QUOTATION NUMBER |
| |

26050 Mureau Road, Calabasas, CA 91302-3171 (818) 591-9800 FAX: (818) 591-9856

| | | |
|---|--------------|--|
| | EDITION DATE | PRODUCER |
| NAME OF APPLICANT, MAILING ADDRESS AND TELEPHONE NUMBER | | APPLICANT'S OPERATIONS AND LOCATION/PREMISES |
| <p style="text-align: right;">COIN OPERATED LAUNDRY State: CA</p> <p style="text-align: right;">10-39 P/A 066 RT 014 20170712</p> | | |

This is NOT an insurance policy, nor an offer to provide coverage. Coverage will not be effective until confirmed in writing by CRUSADER INSURANCE COMPANY.

All questions pertain to the subject Location/Premises unless otherwise indicated. Attach additional pages if more space is needed to provide complete answers.

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| <p>1. Business entity: _____ 1=Individual 2=Joint venture 3=Partnership 4=Corporation 5=Limited Liab. Co. 6=Other</p> <p>2. Please indicate which best describes the applicant's operations: _____ 1=Coin-operated laundry, i.e., self-service, while-u-wait 2=Coin-operated laundry with dry cleaning receiving station (no plant on premises) 3=Coin-operated laundry with dry cleaning (with plant on premises) 4=Other (describe) _____</p> <p>3. Open for business: _____</p> <p>4. How long has applicant been in this type of business: _____</p> <p>5. How long has applicant been at this location: _____</p> <p>6. Is any portion of the applicant's premises subleased: _____ If yes, describe occupancy(ies) and related square footage: _____</p> <p>7. Total annual gross sales by category: Coin-operated laundry: \$ _____ Dry cleaning: \$ _____ Vending machines: \$ _____ Amusement rides: \$ _____ Video games: \$ _____ Food & beverage services: \$ _____ Other: \$ _____ Explain: _____</p> <p>8. Total area: _____ square feet Total customer area: _____ square feet</p> <p>9. Parking area or number of spaces: _____</p> <p>10. Building age: _____ years Date and extent of remodeling: _____</p> | <p>11. Does the building's plumbing system have all copper supply pipes/no galvanized: _____</p> <p>12. Any remodeling, renovation or construction work to be performed during the policy period: _____ If yes, explain: _____</p> <p>13. Building class: 1=Frame 2=Other _____ If other, explain: _____</p> <p>14. Plate glass (linear feet): _____</p> <p>15. Properly functioning fire sprinklers: _____</p> <p>16. Burglar alarm: _____ 1=Local 2=Central station 3=None</p> <p>17. Any pick-up or delivery service: _____ If yes, describe: _____</p> <p>18. List number of each: Washers: _____ Dryers: _____ Video games: _____</p> <p>19. Approximate age of washers: _____ years</p> <p>20. Approximate age of dryers: _____ years</p> <p>21. Is there regular maintenance of machines: _____ If yes, describe: _____</p> <p>22. Is a record kept of all maintenance: _____ If yes, describe: _____</p> <p>23. Business hours: _____ What hours are attended: _____ Number of attendants: Full-time: _____ Part-time: _____</p> <p>24. 4-year policy history (Company/Po1.#/Dates) _____ _____ _____</p> |
|--|---|

Signature of Producer _____ Date _____

Signature of Applicant _____ Date _____



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25. Loss history for the past 4 years:
(include claims reported, unreported, and known occurrences which may result in claims):

| Description | Date | Amount | Open/Closed |
|-------------|-------|--------|-------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

26. Has there been a fire at this location, or other location or business owned by the applicant, that damaged any property within the last 10 years: _____
If yes, describe: _____

27. Is the subject risk currently insured for both Property and Liability: _____

28. Any prior coverage declined, cancelled, or non-renewed in the past 3 years: _____
If yes, explain: _____

29. Is applicant in receivership or involved in any bankruptcy proceedings: _____

30. Underwriter's comments:

- Coverage and premiums are subject to inspection and acceptance in writing by Crusader. No coverage will be effective without written confirmation by Crusader. Brokers do not have binding authority.
- This application contains a description of all exposures and hazards known, by the applicant and by the producer, including a true description of all operations of the applicant. All information is provided by the applicant or by the applicant's authorized representative. Misrepresentation on the application may void all insurance.
- If a policy is issued, it is agreed that the applicant agrees to promptly implement all reasonable loss control requirements as may be determined.
- The above named applicant understands that service fees, if any, are not premium and are for services other than insurance; and the producer acknowledges that he or she has advised the applicant of this fact and complies with applicable law.
- If the application is signed by the producer, the producer acknowledges that he or she has advised the applicant of all the above stated facts. If the producer is a broker, the broker further acknowledges that he or she is acting with the authority of the applicant as the applicant's authorized agent in providing the information contained herein.
- This application may be executed and transmitted by facsimile or email and in counterparts, each of which shall be deemed an original but all of which together shall constitute one and the same application.

Signature of Producer Date

Signature of Applicant Date



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SECTION I PROPERTY COVERAGE

\$ _____ Building Coverage
 90% Coinsurance Applies
 \$ _____ Deductible Applies
 Check All That Apply:
 ___ General Form
 ___ Optional Perils
 ___ Special Form
 ___ Replacement Cost
 ___ Agreed Value
 ___ Inflation Guard: _____ %
 ___ Ordinance or Law Cov. A

\$ _____ Ordinance or Law Coverage B

\$ _____ Ordinance or Law Coverage C

\$ _____ Personal Property Coverage
 90% Coinsurance Applies
 \$ _____ Deductible Applies
 Check All That Apply:
 ___ General Form
 ___ Optional Perils
 ___ Special Form
 ___ Replacement Cost

\$ _____ Bailee's - Customers' Property
 Special/All Risk Form
 90% Coinsurance Applies
 \$ _____ Deductible Applies

\$ _____ Bailee's - Customers' Property
 General/Specified Perils Form
 90% Coinsurance Applies
 \$ _____ Deductible Applies

\$ _____ Accounts Receivable Endorsement
 \$ _____ Deductible Applies

\$ _____ Valuable Papers and Records Endorsement
 \$ _____ Deductible Applies

\$ _____ Transportation Endorsement
 \$ _____ Deductible Applies

\$ _____ Loss of Earnings Endorsement
 Each Thirty Days
 \$ _____ Aggregate Limit
 \$ _____ Deductible Applies

\$ _____ Loss of Rents Endorsement
 60% Contribution Applies

\$ _____ Extra Expense Endorsement
 \$ _____ Deductible Applies

\$ _____ Sign Endorsement
 \$ _____ Deductible Applies

\$ _____ Glass Coverage Endorsement
 \$ _____ Deductible Applies

Check if Applies:
 ___ Premier Property Package
 ___ Endorsement
 ___ Equipment Breakdown

SECTION II LIABILITY COVERAGE

Special Multi Peril Liability
 Bodily Injury Liability and
 Property Damage Liability
 Combined Single Limit
 \$ _____ Per Occurrence Limit
 \$ _____ Aggregate Limit

\$ _____ Incidental Contractual Liability
 Per Occurrence Sublimit
 (Subject to Special Multi Peril
 Liability Aggregate Limit)

\$ _____ Products and Completed Operations
 Per Occurrence Sublimit
 (Subject to Special Multi Peril
 Liability Aggregate Limit)

\$ _____ Real Property Liability - Fire Damage
 Per Occurrence Sublimit
 (Subject to Special Multi Peril
 Liability Aggregate Limit)

\$ _____ Employer's Non-ownership
 Automobile Liability Ins. Endorsement
 Per Occurrence Limit
 (Subject to Special Multi Peril
 Liability Aggregate Limit)

(Continued...)

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\$ _____ Personal Injury Liability Insurance
Per Occurrence Limit
(Subject to Special Multi Peril
Liability Aggregate Limit)

\$ _____ Real Property Liability-Water Damage
Per Occurrence Limit
(Subject to Special Multi Peril
Liability Aggregate Limit)

\$ _____ Property Damage Deductible Applies
Per Each Occurrence
to all Liability Coverages

SECTION III CRIME COVERAGE

\$ _____ Robbery (Inside/Outside)
\$ _____ Deductible Applies

MISCELLANEOUS (Attach addresses)

Number of Additional Insureds: _____

Number of Mortgagees: _____

Number of Lender's Loss Payables: _____

Number of Loss Payables: _____

TOTAL ANNUAL PREMIUM FOR THIS APPLICATION:

ANTICIPATED EFFECTIVE DATE REQUESTED:

- Coverage and premiums are subject to inspection and acceptance in writing by Crusader. No coverage will be effective without written confirmation by Crusader. Brokers do not have binding authority.
- This application contains a description of all exposures and hazards known, by the applicant and by the producer, including a true description of all operations of the applicant. All information is provided by the applicant or by the applicant's authorized representative. Misrepresentation on the application may void all insurance.
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