



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
		COMMERCIAL BUILDING State: CA 10-30 P/A 085 RT 035 20170810

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.

1. Applicant's business entity: _____
 1=Individual 2=Joint venture 3=Partnership
 4=Corporation 5=Limited Liability Company
 6=Trust 7=Other
2. Property description: _____
3. How long has applicant _____
 been in this type of business:
4. How long has applicant _____
 been at this location:
5. Number of commercial units: _____
 Total annual commercial occupancy
 rental receipts: \$ _____
 Number of commercial units currently
 available, vacant, unoccupied, or not
 rented: _____
6. Does applicant own or run any of the
 commercial occupancies: _____
 If yes, provide the following:
 a. Which commercial occupancy does the
 applicant own or run: _____
 b. Does the commercial occupancy owned or
 run by the applicant have a central
 station burglar alarm: _____
7. If any apartment units, provide the
 following:
 a. Number of apartment units: _____
 b. Total annual apartment rental receipts:
 \$ _____
 c. Number of apartment units currently
 available, vacant, unoccupied, or not
 rented: _____
 d. Does applicant live in any of the
 apartment units: _____
 e. Do all apartment units have both
 properly functioning carbon monoxide
 detectors and properly functioning smoke
 detectors: _____
8. Total area by occupancy type (in square
 feet):
 Auto Body/Auto Repair/Car Wash: _____
 Dry Cleaner/Laundry: _____
 Food & Beverage Service: _____
 Machine Shop/Manufacturer/Warehouse:

 Mercantile/Retail Store: _____
 Office: _____
 Apartment: _____
 Available/Vacant/Unoccupied/Not Rented:

 Other/NOC (not otherwise classified):
 Describe Other/NOC: _____
9. Year built: _____
10. Construction type: 1=Frame 2=Other
11. Parking area or number of spaces: _____
12. Number of floors: _____
13. Any building improvements: _____
 If yes, enter year improvement completed:
 Electrical: _____
 Plumbing: _____
 Heating: _____
 Roofing: _____
 Other: _____
 Describe Other: _____
14. Does the building's plumbing system
 have at least 95% copper supply pipes:

 If no, does the building's plumbing system
 have at least 75% copper supply pipes:

 1=Yes 2=No 3=N/A
15. Any remodeling, renovation or construction
 work to be performed during the policy
 period: _____
 If yes, explain: _____
16. Fire station within 5 miles: _____
 Fire hydrant within 1,000 feet: _____
17. Fire alarm: _____
 1=Local 2=Central station 3=None
 Properly functioning fire sprinklers:

Signature of Producer _____ Date _____

Signature of Applicant _____ Date _____



18. Automatic fire suppression equipment over commercial cooking surfaces/exhaust flue:

1=Yes 2=No 3=N/A

19. Are commercial flues cleaned by a professional service at least every 6 months:

1=Yes 2=No 3=N/A

20. 4-year policy history (Company/Dates):

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

22. Any prior coverage declined, cancelled, or non-renewed in the past 3 years:

If yes, explain:

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

Description	Date	Amount	Open/Closed
_____	_____	_____	_____
_____	_____	_____	_____

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

25. In the past 6 months, was the property bank owned, in receivership, involved in any bankruptcy proceedings or in foreclosure: _____

26. 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
 ___% Coinsurance Applies
 \$ _____ Deductible Applies
 Check All That Apply:
 ___ General Form
 ___ Optional Perils
 ___ Special Form
 ___ Replacement Cost
 ___ Extended Replacement Cost
 ___ Sprinkler Leakage Exclusion
 ___ Agreed Value
 ___ Inflation Guard: _____%
 ___ Ordinance or Law Cov. A

\$ _____ Ordinance or Law Coverage B

\$ _____ Ordinance or Law Coverage C

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

Business Income Coverage
 Select One:
 ___ Actual Loss Sustained Subject to
 ___ Months Period of Restoration
 Limit of \$ _____ Subject to
 ___% Coinsurance
 ___ Limit of \$ _____ Subject to
 1/___ Monthly Limit of Indemnity
 Check if Applicable:
 ___ Extra Expense

\$ _____ Accounts Receivable Endorsement
 \$ _____ Deductible Applies
 ___% Coinsurance Applies

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

\$ _____ Sign Endorsement
 Special Deductible Terms Apply

Glass Coverage Endorsement
 ___ Square Feet Limit Applies
 \$ _____ Deductible Applies

Check if Applicable:
 ___ Premier Property Package
 ___ Premier Plus Property Package
 ___ Equipment Breakdown

SECTION II LIABILITY COVERAGE

Special Multi Peril Liability
 Bodily Injury Liability and
 Property Damage Liability
 Combined Single Limit
 Check if Applies:
 ___ Hired & Nonowned Auto Liab.
 \$ _____ Per Occurrence Limit
 \$ _____ Aggregate Limit

\$ _____ Incidental Contractual Liability
 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)

\$ _____ Personal Injury Liability Insurance
 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

\$ _____ Theft, Disappearance and Destruction
 \$ _____ Deductible Applies

(Continued...)

Signature of Producer Date

Signature of Applicant Date



QUOTATION NUMBER

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:

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