



29. Does applicant operate under an intermodal or trailer interchange agreement: _____
30. Do applicant's contracts require the hauling of bulk liquids: _____
31. Are vehicles left loaded overnight: _____
If yes, explain: _____
32. How many vehicles have alarm systems: _____
If any, explain: _____
33. What steps are taken to secure unoccupied vehicles: _____
34. Does applicant operate from a commercial location: _____
If yes, provide the following:
a. Are vehicles stored within a fenced perimeter:
Location 1: _____ 2: _____ 3: _____
b. Are vehicle lots illuminated at night:
Location 1: _____ 2: _____ 3: _____
c. Are dogs kept on vehicle lots:
Location 1: _____ 2: _____ 3: _____
d. Building total area (list separately for each location):

e. Fire alarm:
1=Local 2=Central station 3=None
Location 1: _____ 2: _____ 3: _____
f. Burglar alarm:
1=Local 2=Central station 3=None
Location 1: _____ 2: _____ 3: _____
g. Building construction type:
1=Frame 2=Joisted Masonry 3=Other
Location 1: _____ 2: _____ 3: _____
If other, describe: _____
35. Previous insurance for the past 3 years:
Company Policy # Eff./Exp. Dates

36. Years of continuous primary liability insurance under applicant's name: _____
37. Years of continuous cargo liability insurance under applicant's name: _____
38. Was applicant insured under another company's fleet policy at any time during the past 3 years: _____
If yes, provide the following:
a. Name or Operating Authority (USDOT/MC #) of company named on fleet policy: _____
b. Dates insured under fleet policy: _____
c. Did fleet policy provide cargo liability insurance: _____
d. Total number of owned tractor units insured under a fleet policy during the past 3 years (excluding those that are currently owned): _____
e. Maximum number of tractor units operated under a fleet policy at any one time during the past 3 years: _____
39. Any prior coverage declined, cancelled, or non-renewed in the past 3 years: _____
If yes, explain: _____
40. 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

41. Describe all unusual operations or business practices not customary to this type of business: _____
42. Does applicant own any other income property or business: _____
43. 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. 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. *(Not applicable in the state of Washington.)*
- 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

SCHEDULE OF COVERED AUTOS

PLEASE NOTE: All vehicles operating under the applicant's Motor Carrier Permit/Interstate Operating Authority, including non-operational vehicles, **must be included** on this schedule. If a vehicle is removed from non-operational status during the policy term, you must notify us immediately. Non-operational vehicles are not eligible for coverage under this program.

If a policy is issued, coverage will only apply to scheduled vehicles. Government regulations require the applicant to maintain liability insurance for all vehicles operating under its Motor Carrier Permit/Interstate Operating Authority. Please review this schedule carefully; by not scheduling all applicable vehicles, the applicant might be assuming liability in the event of a claim.

Provide all information requested. The **Stated Amount** should reflect the current market value of the vehicle. Do not use cost new unless the vehicle is a new purchase.

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Vehicle Identification Number</u>	<u>Check if Non-Operational</u>	<u>Gross Vehicle Weight (lbs.)</u>	<u>Stated Amount</u>	<u>Physical Damage Deductible</u>
1.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ 1,000
2.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ 1,000
3.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ 1,000
4.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ 1,000
5.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ 1,000
6.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ 1,000
7.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ 1,000
8.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ 1,000
9.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ 1,000
10.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ 1,000
11.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ 1,000
12.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ 1,000
13.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ 1,000
14.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ 1,000
15.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ 1,000
16.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ 1,000
17.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ 1,000
18.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ 1,000
19.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ 1,000
20.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ 1,000

Signature of Producer _____ Date _____

Signature of Applicant _____ Date _____

SCHEDULE OF COVERED AUTOS cont.

PLEASE NOTE: All vehicles operating under the applicant's Motor Carrier Permit/Interstate Operating Authority, including non-operational vehicles, **must be included** on this schedule. If a vehicle is removed from non-operational status during the policy term, you must notify us immediately. Non-operational vehicles are not eligible for coverage under this program.

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Provide all information requested. The **Stated Amount** should reflect the current market value of the vehicle. Do not use cost new unless the vehicle is a new purchase.

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Vehicle Identification Number</u>	<u>Check if Non-Operational</u>	<u>Gross Vehicle Weight (lbs.)</u>	<u>Stated Amount</u>	<u>Physical Damage Deductible</u>
21.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ 1,000
22.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ 1,000
23.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ 1,000
24.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ 1,000
25.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ 1,000
26.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ 1,000
27.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ 1,000
28.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ 1,000
29.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ 1,000
30.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ 1,000
31.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ 1,000
32.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ 1,000
33.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ 1,000
34.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ 1,000
35.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ 1,000
36.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ 1,000
37.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ 1,000
38.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ 1,000
39.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ 1,000
40.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ 1,000

 Signature of Producer Date

 Signature of Applicant Date

UNINSURED MOTORISTS COVERAGE SELECTION/REJECTION

California law permits you to make certain decisions regarding Uninsured Motorists Coverage. This section of the Application provides a general description of that coverage and the options available.

The following is a general description of coverage. However, no coverage is provided by this document. You should read your policy and review your Policy Declarations for complete information on the coverages you are provided.

A. **UNINSURED MOTORISTS COVERAGE—BODILY INJURY.** The California Insurance Code requires that we provide you with the following information:

“The California Insurance Code requires an insurer to provide uninsured motorists coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Those provisions also permit the insurer and the applicant to delete the coverage completely or to delete the coverage when a motor vehicle is operated by a natural person or persons designated by name. Uninsured motorists coverage insures the insured, his or her heirs, or legal representatives for all sums within the limits established by law, that the person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code.”

“The California Insurance Code requires an insurer to provide uninsured motorists coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Those provisions also permit the insurer and the applicant to agree to provide the coverage in an amount less than that required by subdivision (m) of Section 11580.2 of the Insurance Code but not less than the financial responsibility requirements. Uninsured motorists coverage insures the insured, his or her heirs, or legal representatives for all sums within the limits established by law, that the person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code.”

B. **UNINSURED MOTORISTS COVERAGE—PROPERTY DAMAGE.** Uninsured Motorists Coverage may also include Uninsured Motorists Coverage—Property Damage. This coverage is available only if you have selected Uninsured Motorists Coverage—Bodily Injury.

For autos for which you have purchased Collision Coverage, Uninsured Motorists Coverage—Property Damage pays the Collision Coverage deductible in the event of a collision between a covered auto and an uninsured motorist who is at fault.

For autos for which you have not purchased Collision Coverage, Uninsured Motorists Coverage—Property Damage provides insurance protection to an insured for compensatory damages, up to a maximum of \$3,500, for injury to or destruction of a covered auto caused by an automobile accident, which an insured is legally entitled to recover from the owner or operator of certain types of uninsured motor vehicles.

Please indicate whether you **SELECT** or **REJECT** Uninsured Motorists Coverage—Bodily Injury:

- I REJECT Uninsured Motorists Coverage—Bodily Injury.
- I SELECT Uninsured Motorists Coverage—Bodily Injury at the following limits, which are lower than the limits of liability for bodily injury in my underlying policy of insurance:
- \$30,000 per person/\$60,000 per accident \$60,000 per person/\$60,000 per accident

Please indicate whether you **SELECT** or **REJECT** Uninsured Motorists Coverage—Property Damage (only available with Uninsured Motorists Coverage—Bodily Injury):

- I REJECT Uninsured Motorists Coverage—Property Damage.
- I SELECT Uninsured Motorists Coverage—Property Damage.

SELECTION or REJECTION of Uninsured Motorists Coverage shall apply to, and become part of, any policy issued, and any extension, renewal, or replacement thereof, until I notify Crusader Insurance Company, in writing, of any change.

Signature of Producer

Date

Signature of Applicant

Date

MISCELLANEOUS COVERAGES (select desired options)

- Auto Medical Payments Limit: \$1,000 \$2,000 \$5,000
- Towing Expense Limit: \$10,000 \$15,000 \$20,000 \$25,000
(\$5,000 included with Collision; select higher limit if desired.)
- Premier Truckers Enhancement
- Commercial General Liability General Aggregate Limit: \$2,000,000 Per Occurrence Limit: \$1,000,000
Deductible: \$0 \$1,000
- Cargo Liability Limit: _____ Deductible: \$1,000 \$2,500

ADDITIONAL INTERESTS (attach addresses)

Number of Additional Insureds: _____

Number of Mortgagees: _____

Number of Lender's Loss Payables: _____

Number of Loss Payables: _____

Anticipated Effective Date Requested: _____

Additional Information:

Additional Interest Information (not required for quoting):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature of Producer Date

Signature of Applicant Date