



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
		AUTO BODY/AUTO REPAIR SHOP State: CA

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. Applicant's business entity: _____
1=Individual 2=Joint Venture 3=Partnership
4=Corporation 5=Limited Liability Company
6=Trust 7=Other</p> <p>2. Describe operations: _____

_____</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. Does the applicant lease or sublease space to others: _____
If yes, describe occupancies and related square footage: _____</p> <p>7. Total annual gross sales by category:
Tire sales/service: \$ _____
Quick lubrication/oil changes: \$ _____
Brake work: \$ _____
Towing: \$ _____
Other repair work: \$ _____
Body work: \$ _____
Gasoline/diesel/LPG: \$ _____
Automated car wash: \$ _____
Full-serve car wash: \$ _____
Restaurant: \$ _____
Other: \$ _____
Describe Other: _____</p> <p>8. Number of FULL-TIME workers: _____
(Include active owners, active officers, active partners, managers, mechanics, clerical employees, and subcontractors. Each active owner, officer, and partner equals one full-time worker.)
Car wash operations: _____
Mechanical or body work: _____
All other operations: _____</p> | <p>9. Number of PART-TIME workers: _____
(Include managers, mechanics, clerical employees, and subcontractors.)
Car wash operations: _____
Mechanical or body work: _____
All other operations: _____</p> <p>10. Does the applicant work solely on a mobile basis: _____
(If yes, skip to question 21)</p> <p>11. Total area in square feet: _____

Grocery store/market customer area in square feet: _____

Restaurant customer area in square feet: _____

12. Year built: _____</p> <p>13. Construction type: 1=Frame 2=Other</p> <p>14. Any building improvements: _____
If yes, enter year improvement completed:
Electrical: _____ Plumbing: _____
Heating: _____ Roofing: _____
Other: _____
Describe Other: _____</p> <p>15. Does the building's plumbing system have all copper supply pipes/no galvanized: _____</p> <p>16. Any remodeling, renovation or construction work to be performed during the policy period: _____
If yes, explain: _____</p> <p>17. Fire station within 5 miles: _____
Fire hydrant within 1,000 feet: _____</p> <p>18. Properly functioning fire sprinklers: _____</p> <p>19. Burglar alarm: _____
1=Local 2=Central station 3=None</p> <p>20. Number of vehicles kept overnight: _____

During non-business hours, are all vehicles stored in the building or in a fenced lot: _____
1=Yes 2=No 3=N/A</p> <p>21. Current and valid licenses as required by law: _____</p> <p>22. Tow commercial vehicles/heavy equipment: _____

Tow under contract: _____
Note: If yes, provide proof of insurance.</p> |
|---|--|

Signature of Producer _____ Date _____

Signature of Applicant _____ Date _____



23. Sell used or salvaged parts: _____
If yes, are parts rebuilt by someone other than the applicant: _____
1=Yes 2=No 3=N/A
24. Rent, lease, or loan vehicles or equipment to others: _____
25. Offer "Rent-A-Bay" or other self-serve facilities: _____
26. Perform mechanical repairs/service on large commercial trucks, buses, motor homes, trailers, tractors, motorcycles, watercraft or other recreational vehicles: _____
27. Perform mechanical repairs/service on performance vehicles or vehicles used for racing or stunting: _____
28. Sponsor performance vehicles or vehicles used for racing or stunting: _____
29. Perform mechanical repairs/service on high value or exotic cars: _____
30. Perform dismantling/wrecking/salvaging: _____
31. Sell new or used cars: _____
32. Perform mobile repair work: _____
33. Manufacture any components or parts: _____
Contract with others to manufacture components or parts for use or sale: _____
34. 4-year policy history (Company/Dates):

35. Is the subject risk currently insured for both Property and Liability: _____
36. Any prior coverage declined, cancelled, or non-renewed in the past 3 years:

If yes, explain:

37. 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

38. 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: _____
39. Is the applicant in receivership or involved in any bankruptcy proceedings: _____
40. Comments:
Acceptable Motor Vehicle Records required.

- 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



QUOTATION NUMBER

NAME OF APPLICANT, MAILING ADDRESS AND TELEPHONE NUMBER	EDITION DATE	PRODUCER
	APPLICANT'S OPERATIONS AND LOCATION/PREMISES	

AUTO BODY SHOP **State:CA**
 10-17 P/A 091 RT 034 20170824

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SECTION I PROPERTY COVERAGE

<p>\$ _____ Building Coverage ___% Coinsurance Applies \$ _____ Deductible Applies Check All That Apply: ___ General Form ___ Optional Perils ___ Special Form ___ Replacement Cost ___ Sprinkler Leakage Exclusion ___ Agreed Value ___ Inflation Guard: _____% ___ Ordinance or Law Cov. A</p> <p>\$ _____ Ordinance or Law Coverage B</p> <p>\$ _____ Ordinance or Law Coverage C</p> <p>\$ _____ Personal Property Coverage ___% Coinsurance Applies \$ _____ Deductible Applies Check All That Apply: ___ General Form ___ Optional Perils ___ Special Form ___ Special Form Excl. Theft ___ Replacement Cost ___ Sprinkler Leakage Exclusion</p> <p>\$ _____ Business Income (Without Extra Expense) ___% Coinsurance Applies --OR-- 1/___ Monthly Limit of Indemnity Applies Check if Applies: ___ Off Premises Svcs. - Time Element</p> <p>\$ _____ Business Income (With Extra Expense) ___% Coinsurance Applies --OR-- 1/___ Monthly Limit of Indemnity Applies Check if Applies: ___ Off Premises Svcs. - Time Element</p> <p>\$ _____ Employee Tools \$ _____ Deductible Applies</p> <p>\$ _____ Property in Transit (Subject to Personal Property Coverage Deductible)</p>	<p>\$ _____ Food Spoilage Coverage ___% Coinsurance Applies \$ _____ Deductible Applies</p> <p>\$ _____ Accounts Receivable Endorsement \$ _____ Deductible Applies ___% Coinsurance Applies</p> <p>\$ _____ Valuable Papers and Records Endorsement \$ _____ Deductible Applies</p> <p>\$ _____ Sign Endorsement Special Deductible Terms Apply</p> <p>Glass Coverage Endorsement ___ Square Feet Limit Applies \$ _____ Deductible Applies</p> <p>Check if Applies: ___ Premier Property Package Endorsement ___ Equipment Breakdown</p> <p>SECTION II LIABILITY COVERAGE</p> <p>Garage Insurance Bodily Injury Liability and Property Damage Liability Combined Single Limit Check if Applies: ___ Hired Auto Liability</p> <p>\$ _____ Per Occurrence Limit \$ _____ Aggregate Limit</p> <p>\$ _____ Incidental Contractual Liability Per Occurrence Sublimit (Subject to Garage Insurance Liability Aggregate Limit)</p> <p>Products & Completed Operations \$ _____ Per Occurrence Sublimit \$ _____ Aggregate Sublimit Check if Applies: ___ Broad Form Products</p> <p style="text-align: center;">(Continued...)</p>
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Signature of Producer _____ Date _____

Signature of Applicant _____ Date _____



Real Property Liability -
Fire Damage
\$ _____ Per Occurrence Sublimit
(Subject to Garage Insurance
Liability Aggregate Limit)

\$ _____ Property Damage Deductible Applies
Per Each Occurrence to Garage Insurance
Coverage and Sublimits

Personal Injury Liability Insurance
\$ _____ Per Occurrence Limit
(Subject to Garage Insurance
Liability Aggregate Limit)

Leased Premises Liability
Auto Property Damage
\$ _____ Per Occurrence Limit
(Subject to Garage Insurance
Liability Aggregate Limit)

Liquor Liability Coverage
\$ _____ Per Occurrence Limit
\$ _____ Aggregate Limit

Garagekeeper's Legal Liability Insurance
Comprehensive & Collision and
Auto in Tow Liability
\$ _____ Per Vehicle Limit
\$ _____ Per Occurrence Limit
\$ _____ Per Vehicle Deductible Applies
\$ _____ Per Occurrence Aggregate
Deductible Applies

Garagekeeper's Direct - Primary
Comprehensive & Collision and
Auto in Tow Liability
\$ _____ Per Vehicle Limit
\$ _____ Per Occurrence Limit
\$ _____ Per Vehicle Deductible Applies
\$ _____ Per Occurrence Aggregate
Deductible Applies

SECTION III CRIME COVERAGE

\$ _____ Contents Theft Endorsement
\$ _____ Deductible Applies

\$ _____ Employee Tools
\$ _____ Deductible Applies

\$ _____ Theft, Disappearance and Destruction
\$ _____ 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:

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