

QUOTATION	NUMBER

		EDITION DATE	PRODUC	ER
NAME OF	APPLICANT, MAILING ADDRE	SS AND TELEPHONE NUMBER		
			APPLICA	NT'S OPERATIONS AND LOCATION/PREMISES
				HOTELS / MOTELS State:CA
				10-22 P/A 071 RT 022 20170712
This	is NOT an insura	nce policy, nor an offer to	provide	coverage. Coverage will not be effective until
		CRUSADER INSURANCE CON		
	questions pertain		12.	How many current customers have been
		ess otherwise indicated. es if more space is needed		renting for more than 30 consecutive days:
	rovide complete ar		13.	Any pick-up or delivery of guests:
1.	Business entity:			If yes, explain:
	4=Corporation 5=l	oint venture 3=Partnership imited Liab. Co. 6=Other	14.	Parking area or number of spaces:
2.		ibe the operations including the number of	15.	Building age: years
	buildings and the building:	number of units per		Date and extent of remodeling:
	barraring.		16.	Does the building's plumbing system have
			101	all copper supply pipes/no galvanized:
3.	Open for business	<u> </u>	17.	Any remodeling, renovation or construction
4.	How long has app been in this type	licant		work to be performed during the policy period:
_				If yes, explain:
5.	How long has appi been at this loca		18. 19.	Number of floors: Do units open to common interior hallways:
6.	Describe any comm	mercial tenants,		
		d square footage:	20.	Building class: 1=Frame 2=Other If other, explain:
			21.	Properly functioning fire sprinklers:
7.		cial units currently		Properly functioning smoke detectors:
		t, or not rented:		Properly functioning carbon monoxide
8.	Total annual gros Hotel/Motel: <u>\$</u>	ss sales by category:		detectors:
	Restaurant: \$ Retail: \$		22.	Fire alarm: 1=Local 2=Central station 3=None
	Bar: <u>\$</u>			Burglar alarm:
	Other: <u>\$</u> Explain:	<del></del>	23.	Manager on premises 24 hours: Plate glass (linear feet):
9. Average nightly rate: \$		rate: \$	24. 25.	Number of pools, saunas, or jacuzzis:
10.	Number of units:			a. Is the pool, sauna or jacuzzi fully
11.	Average rate of o	tage by category:		enclosed by a fence: b. Height of pool, sauna or jacuzzi fence:
	Hotel/Motel:	square feet square feet		b. Height of pool, sauna or jacuzzi fence:
	Retail:	square feet		c. Any units open onto pool, sauna, or jacuzzi area:
	Bar: s	square feet square feet		Juou221 di ca
	Explain:	<del>-</del> '		
		_		
<u> </u>	mature of Director	Data		Cinnature of Applicant
Sig	nature of Producer	Date		Signature of Applicant Date



© Copyright 2015 Unico American Corporation

QUOTATION	NUMBER

\*\*Copyright 2015 Unico American Corporation 26050 Mureau Road, Calabasas, CA 91302-3171 (818) 591-9800 FAX: (818) 591-9856

26.	Cooking facilities: If yes, describe:	36.	In the past six months, bank owned, in receivers	ship,
27.	Any common or shared kitchen		involved in bankruptcy por foreclosure:	proceedings
28.	or bathroom areas:  Automatic fire suppression equipment over commercial cooking surfaces/exhaust flue:	37.	Underwriter's comments:	
29.	1=Yes 2=No 3=N/A How often are commercial flues cleaned by a professional service:			
30.	Liquor violations/citations in the past three years: 1=Yes 2=No 3=N/A If yes, explain:			
31.	4-year policy history (Company/Pol.#/Dates)			
32.	Loss history for the past 4 years: (include claims reported, unreported, and known occurrences which may result in claims): Description Date Amount Open/Closed			
33.	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:			
34.	Is the subject risk currently insured for both Property and Liability:			
35.	Any prior coverage declined, cancelled, or non-renewed in the past 3 years:			
	If yes, explain:			
	verage and premiums are subject to inspection and ac nout written confirmation by Crusader. Brokers do not			rage will be effective
• This	s application contains a description of all exposures are description of all operations of the applicant. All infor	nd hazards k rmation is pro	nown, by the applicant and by ovided by the applicant or by t	
	resentative. Misrepresentation on the application may policy is issued, it is agreed that the applicant agrees			control requirements as
	y be determined.	to promptily i	mpiomoni ali roasonabie 1055	Control requirements as
	e above named applicant understands that service fee			
<ul><li>If the about</li></ul>	I the producer acknowledges that he or she has advise the application is signed by the producer, the producer to expect the producer is a broker, the broker	acknowledge r further ackr	es that he or she has advised nowledges that he or she is ac	the applicant of all the
• Thi	applicant as the applicant's authorized agent in provic s application may be executed and transmitted by facs original but all of which together shall constitute one a	simile or ema	il and in counterparts, each of	f which shall be deemed
Sig	nature of Producer Date		Signature of Applicant	 Date



PRODUCER

QUOTATION NUMBER

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

EDITION DATE

NAME OF APPLICANT, MAILING ADDRESS AND TELEPHONE NUMBER	
	APPLICANT'S OPERATIONS AND LOCATION/PREMISES
	HOTELS / MOTELS State:CA
	10-22 P/A 071 RT 022 20170712
This is NOT an insurance policy nor an offer to pr	ovide coverage. Coverage will not be effective until
confirmed in writing by CRUSADER INSURANCE COMPA	
	SECTION II LIABILITY COVERAGE
SECTION I PROPERTY COVERAGE	SECTION II LIABILITY COVERAGE
\$Building Coverage	Special Multi Peril Liability Bodily Injury Liability and
90% Coinsurance Applies \$ Deductible Applies	Property Damage Liability
Check All That Apply:	Combined Single Limit
General Form	\$Per Occurrence Limit
Optional Perils	\$Aggregate Limit
Special Form	Incidental Contractual Liability
Replacement Cost Agreed Value	\$ Per Occurrence Sublimit
Agreed Value Inflation Guard:%	(Subject to Special Multi Peril
Ordinance or Law Cov. A	Liability Aggregate Limit)
\$ Ordinance or Law Coverage B	Real Property Liability - Fire Damage
ordinance or law coverage B	\$Per Occurrence Sublimit
\$ Ordinance or Law Coverage C	(Subject to Special Multi Peril
<del></del>	Liability Aggregate Limit)
\$Personal Property Coverage	Personal Injury Liability Insurance
90% Coinsurance Applies \$ Deductible Applies	\$Per Occurrence Limit
Check All That Apply:	(Subject to Special Multi Peril
General Form	Liability Aggregate Limit)
Optional Perils	Employer's Non-ownership
Special Form Excl. Theft Replacement Cost	Automobile Liability Ins. Endorsement
Keptacement cost	\$Per Occurrence Limit
\$ Accounts Receivable Endorsement	(Subject to Special Multi Peril
\$ Deductible Applies	Liability Aggregate Limit)
\$ Valuable Papers and Records Endorsement	Liquor Liability Coverage
\$ Deductible Applies	\$Per Occurrence Limit
···	\$Aggregate Limit
Loss of Earnings Endorsement	\$ Property Damage Deductible Applies
\$Each Thirty Days \$Aggregate Limit	Per Each Occurrence
\$Aggregate Limit \$ Deductible Applies	to all Liability Coverages
\$Extra Expense Endorsement	
\$ Deductible Applies	(Continued)
\$ Sign Endorsement	
\$ Deductible Applies	
\$ Glass Coverage Endorsement	
\$ Deductible Applies	
Check if Applies: Equipment Breakdown	
Equipment Breakdown	
Signature of Producer Date	Signature of Applicant Date
g Date	CRIJ 380 (10/2015)



QUOTATION NUMBER

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

	SECTION III CRIME COVERAGE
\$	Contents Theft Endorsement \$ Deductible Applies
\$	Robbery (Inside/Outside) \$ Deductible Applies
\$	Home of Messenger Endorsement \$ Deductible Applies
\$	Safe Burglary \$ Deductible Applies
	MISCELLANEOUS (Attach addresses)
	Number of Additional Insureds:
	Number of Mortgagees:
	Number of Lender's Loss Payables:
	Number of Loss Payables:
TOTAL AN	NUAL PREMIUM FOR THIS APPLICATION:
ANTICIPA	TED EFFECTIVE DATE REQUESTED:
	ge 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	