



# CRUSADER Insurance Company

# APPLICATION

© Copyright 2018 Unico American Corporation

APPLICATION 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
		<b>COMMERCIAL BUILDING</b> <b>State: CA</b> 10-30 P/A 090 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.**

- |  |   |
|--|---|
| <ol style="list-style-type: none"> <li>1. Applicant's business entity: _____<br/>           1=Individual 2=Joint venture 3=Partnership<br/>           4=Corporation 5=Limited Liability Company<br/>           6=Trust 7=Other</li> <li>2. Property description: _____</li> <li>3. How long has applicant _____<br/>           been in this type of business:</li> <li>4. How long has applicant _____<br/>           been at this location:</li> <li>5. Number of commercial units: _____<br/>           Total annual commercial occupancy<br/>           rental receipts: \$ _____<br/>           Number of commercial units currently<br/>           available, vacant, unoccupied, or not<br/>           rented: _____</li> <li>6. Does applicant own or run any of the<br/>           commercial occupancies: _____<br/>           If yes, provide the following:<br/>           a. Which commercial occupancy does the<br/>           applicant own or run: _____<br/>           b. Does the commercial occupancy owned or<br/>           run by the applicant have a central<br/>           station burglar alarm: _____</li> <li>7. If any apartment units, provide the<br/>           following:<br/>           a. Number of apartment units: _____<br/>           b. Total annual apartment rental receipts:<br/>           \$ _____<br/>           c. Number of apartment units currently<br/>           available, vacant, unoccupied, or not<br/>           rented: _____<br/>           d. Does applicant live in any of the<br/>           apartment units: _____<br/>           e. Do all apartment units have both<br/>           properly functioning carbon monoxide<br/>           detectors and properly functioning smoke<br/>           detectors: _____</li> </ol> | <ol style="list-style-type: none"> <li>8. Total area by occupancy type (in square<br/>           feet):<br/>           Auto Body/Auto Repair/Car Wash: _____<br/>           Dry Cleaner/Laundry: _____<br/>           Food &amp; Beverage Service: _____<br/>           Machine Shop/Manufacturer/Warehouse: _____<br/>           Mercantile/Retail Store: _____<br/>           Office: _____<br/>           Apartment: _____<br/>           Available/Vacant/Unoccupied/Not Rented:<br/>           Other/NOC (not otherwise classified):<br/>           Describe Other/NOC: _____</li> <li>9. Year built: _____</li> <li>10. Construction type: 1=Frame 2=Other</li> <li>11. Parking area or number of spaces: _____</li> <li>12. Number of floors: _____</li> <li>13. Any building improvements: _____<br/>           If yes, enter year improvement completed:<br/>           Electrical: _____<br/>           Plumbing: _____<br/>           Heating: _____<br/>           Roofing: _____<br/>           Other: _____<br/>           Describe Other: _____</li> <li>14. Does the building's plumbing system<br/>           have at least 95% copper supply pipes:<br/>           _____<br/>           If no, does the building's plumbing system<br/>           have at least 75% copper supply pipes:<br/>           _____<br/>           1=Yes 2=No 3=N/A</li> <li>15. Any remodeling, renovation or construction<br/>           work to be performed during the policy<br/>           period: _____<br/>           If yes, explain: _____</li> <li>16. Fire station within 5 miles: _____<br/>           Fire hydrant within 1,000 feet: _____</li> <li>17. Fire alarm: _____<br/>           1=Local 2=Central station 3=None<br/>           Properly functioning fire sprinklers:<br/>           _____</li> </ol> |
|--|---|

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



	EDITION DATE	PRODUCER
NAME OF APPLICANT, MAILING ADDRESS AND TELEPHONE NUMBER		APPLICANT'S OPERATIONS AND LOCATION/PREMISES
		<p><b>COMMERCIAL BUILDING</b>      State:CA</p> <p>10-30 P/A 090 RT 035 20170810</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.

**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



APPLICATION 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:

- 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