



CRUSADER Insurance Company

APPLICATION

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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	
		FOOD ESTABLISHMENT State:CA	
		10-13 P/A 090 RT 032 20170815	

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.

- Applicant's business entity: _____
1=Individual 2=Joint venture 3=Partnership
4=Corporation 5=Limited Liability Company
6=Trust 7=Other
- Type of establishment: _____

- Open for business: _____
- How long has applicant been in this type of business: _____
- How long has applicant been at this location: _____
- Does the applicant lease or sublease space to others: _____
If yes, describe occupancies and related square footage: _____

- Total annual sales by category:
Food Sales: \$ _____
Alcohol Sales: \$ _____
Cover Charge Sales: \$ _____
Net Gambling Sales: \$ _____
Catering Sales: \$ _____
Other Sales: \$ _____
Describe Other Sales: _____
- Total area in square feet: _____
(Include patio area/exclude common area.)
- Parking area or number of spaces: _____
- Year built: _____
- Construction type: 1=Frame 2=Other
- Any building improvements: _____
If yes, enter year improvement completed:
Electrical: _____ Plumbing: _____
Heating: _____ Roofing: _____
Other: _____
Describe Other: _____

- Does the building's plumbing system have all copper supply pipes/no galvanized: _____
- Any remodeling, renovation or construction work to be performed during the policy period: _____
If yes, explain: _____
- Properly functioning fire sprinklers: _____
- Burglar alarm: _____
1=Local 2=Central station 3=None
- Describe all entertainment (include video/pinball games and TV's): _____

- Sponsor or provide any athletic activities: _____
If yes, explain: _____
- Participate in or host outside events: _____
If yes, explain: _____
- Sponsor or provide activities with customer participation: _____
If yes, explain: _____
- Number of seats provided by all chairs, booths, benches, etc.: _____
- Maximum number of people working at any one time: _____
- Describe security personnel: _____
Are any security personnel independently contracted: _____
1=Yes 2=No 3=N/A
- Liquor violations/citations in the past three years: _____
1=Yes 2=No 3=N/A
If yes, explain: _____
- Valet parking: _____
Is valet parking service independently contracted: _____
1=Yes 2=No 3=N/A
- Deliveries: _____
If yes, explain: _____

Signature of Producer _____ Date _____

Signature of Applicant _____ Date _____



27. Cooking facilities: _____
If yes, describe: _____
28. Automatic fire suppression equipment over cooking surfaces and exhaust flues: _____
1=Yes 2=No 3=N/A
29. Are flues cleaned by a professional service at least every 6 months: _____
1=Yes 2=No 3=N/A
30. Days of operation: _____
Business hours: _____
31. What time does applicant cease serving patrons: _____
32. 4-year policy history (Company/Dates): _____

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

36. 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: _____
37. Is the applicant in receivership or involved in any bankruptcy proceedings: _____

38. 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
 ___ 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
 ___ Special Form Excl. Theft
 ___ Replacement Cost
 ___ Sprinkler Leakage Exclusion

Business Income Coverage
 Select One:
 ___ Actual Loss Sustained up to
 \$1,000,000
 ___ Limit of \$ _____ Subject to
 ___% Coinsurance
 Check All That Apply:
 ___ Extra Expense
 ___ Off Premises Svcs. - Time Element

\$ _____ Food Spoilage Coverage
 ___% Coinsurance Applies
 \$ _____ Deductible Applies

\$ _____ Bailee's Coverage
 \$ _____ Deductible Applies

\$ _____ 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 Applies:
 ___ Premier Property Package
 ___ Endorsement
 ___ 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)

Products and Completed Operations
 \$ _____ Per Occurrence Sublimit
 \$ _____ 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)

(Continued...)

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

\$ _____ Property Damage Deductible Applies
Per Each Occurrence
to all Liability Coverages

SECTION III CRIME COVERAGE

\$ _____ Contents Theft Endorsement
\$ _____ 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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