



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
		GASOLINE STATIONS State:CA 10-10 P/A 093 RT 034 20171027

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.

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

3. Open for business: _____
4. How long has applicant been in this type of business:

5. How long has applicant been at this location:

6. Does the applicant lease or sublease space to others: _____
 If yes, describe occupancies and related square footage:

7. Total annual gross sales by category (round to nearest \$1,000):
 Gasoline/diesel/LPG: \$ _____
 Grocery store/market (alcohol): \$ _____
 Grocery store/market (other): \$ _____
 Automated car wash: \$ _____
 Full-serve car wash: \$ _____
 Restaurant: \$ _____
 Tire sales/service: \$ _____
 Brake work: \$ _____
 Quick lubrication/oil changes: \$ _____
 Other repair work: \$ _____
 Bodywork: \$ _____
 Other: \$ _____
 Describe Other: _____
8. Number of FULL-TIME workers:
 (Include each active owner/officer/partner/manager as one full-time worker.)
 Cashiers/gas pump attendants: _____
 Car wash personnel: _____
 Mechanics/auto repair personnel: _____
 Other personnel: _____
 Describe other personnel: _____
9. Number of PART-TIME workers:
 Cashiers/gas pump attendants: _____
 Car wash personnel: _____
 Mechanics/auto repair personnel: _____
 Other personnel: _____
 Describe other personnel: _____
10. Annual gallons of gasoline sold: _____
 Annual gallons of LPG sold: _____
11. Total area: _____ square feet
 Restaurant/grocery store/market total area: _____ square feet
 Restaurant/grocery store/market customer area: _____ square feet
 Car wash area: _____ square feet
12. Year built: _____
13. Construction type: _____
 1=Frame 2=Other
14. Any building improvements: _____
 If yes, enter year improvement completed:
 Electrical: _____ Plumbing: _____
 Heating: _____ Roofing: _____
 Other: _____
 Describe Other: _____
15. Does the building's plumbing system have all copper supply pipes/no galvanized: _____
16. Any remodeling, renovation or construction work to be performed during the policy period: _____
 If yes, explain: _____
17. Fire station within 5 miles: _____
 Fire hydrant within 1,000 feet: _____
18. Building fully protected by automatic sprinkler system: _____
19. Burglar alarm: _____
 1=Local 2=Central station 3=None
20. Any underground gasoline or diesel fuel storage tanks exceeding 20 years in age: _____
21. Number of automated car wash tunnels: _____
22. 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
23. Current and valid licenses as required by law: _____
24. Any towing operations: _____

Signature of Producer _____ Date _____

Signature of Applicant _____ Date _____



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| <p>25. Sell used or salvaged parts: _____
If yes, are parts rebuilt by someone other than the applicant: _____
1=Yes 2=No 3=N/A</p> <p>26. Rent, lease, or loan vehicles or equipment to others: _____</p> <p>27. Offer "Rent-A-Bay" or other self-serve facilities: _____</p> <p>28. Perform mechanical repairs/service on large commercial trucks, buses, motor homes, trailers, tractors, motorcycles, watercraft or other recreational vehicles: _____</p> <p>29. Perform mechanical repairs/service on performance vehicles or vehicles used for racing or stunting: _____</p> <p>30. Sponsor performance vehicles or vehicles used for racing or stunting: _____</p> <p>31. Perform mechanical repairs/service on high value or exotic cars: _____</p> <p>32. Perform dismantling/wrecking/salvaging: _____</p> <p>33. Sell new or used cars: _____</p> <p>34. Sell motorcycles, recreational vehicles, or mobile equipment: _____</p> <p>35. Perform mobile repair work: _____</p> <p>36. Manufacture any components or parts: _____
Contract with others to manufacture components or parts for use or sale: _____</p> <p>37. Perform recapping or retreading of tires: _____
Sell recapped or retreaded tires: _____</p> <p>38. Any consumption of alcohol on the premises: _____
If yes, describe: _____</p> <p>39. Any liquor violations/citations in the past 3 years: _____
If yes, explain: _____</p> <p>40. Automatic fire suppression equipment over cooking surfaces and exhaust flues: _____
1=Yes 2=No 3=N/A</p> <p>41. Are flues cleaned by a professional service at least every 6 months: _____
1=Yes 2=No 3=N/A</p> | <p>42. Days of operation: _____
Business hours: _____</p> <p>43. 4-year policy history (Company/Dates): _____

_____</p> <p>44. Is the subject risk currently insured for both Property and Liability: _____</p> <p>45. Any prior coverage declined, cancelled, or non-renewed in the past 3 years: _____
If yes, explain: _____</p> <p>46. 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

_____</p> <p>47. 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: _____</p> <p>48. Is the applicant in receivership or involved in any bankruptcy proceedings: _____</p> <p>49. Comments: _____
<u>Acceptable Motor Vehicle Records required.</u>

_____</p> |
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- 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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		10-10 PDF VER M

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SECTION I PROPERTY COVERAGE

<p>Building and Personal Property Coverage _____% Coinsurance Applies \$_____ Deductible Applies Indicate Covered Causes of Loss: ___ Basic ___ Special-Including Theft ___ Special-Excluding Theft</p> <p>\$_____ Building Coverage (include pumps & canopies) Check All That Apply: ___ Replacement Cost ___ Agreed Value ___ Inflation Guard: ___% ___ Ordinance or Law Coverage A</p> <p>\$_____ Ordinance or Law Coverage B \$_____ Ordinance or Law Coverage C</p> <p>\$_____ Business Personal Property Coverage (include hoses, nozzles, and gas in ground) Sublimits: \$_____ Theft of Tobacco Products \$_____ Gas in Ground Check if Applies: ___ Replacement Cost</p> <p>Business Income Coverage Select One: ___ Actual Loss Sustained up to \$1,000,000 Subject to _____ Months Period of Restoration ___ Limit of \$_____ Subject to _____ % Coinsurance ___ Limit of \$_____ Subject to 1/___ Monthly Limit of Indemnity Check All That Apply: ___ Extra Expense ___ Off-Premises Services-Time Element Limit of \$_____</p>	<p>\$_____ Employees' Tools</p> <p>Loss or Damage to Customers' Autos Select One: ___ Legal Liability Coverage ___ Direct Primary Coverage</p> <p>\$_____ Any One Auto \$_____ Any One Event \$_____ Theft/Mischief/Vandalism Deductible Applies Per Auto \$_____ Theft/Mischief/Vandalism Deductible Applies Per Event \$_____ Collision Deductible Applies Per Event</p> <p>\$_____ Spoilage Coverage</p> <p>\$_____ Accounts Receivable Coverage</p> <p>\$_____ Valuable Papers and Records Coverage</p> <p>\$_____ Outside Signs Coverage</p> <p>\$_____ Glass Coverage \$_____ Deductible Applies</p> <p>Money and Securities Coverage-Robbery and Safe Burglary \$_____ Inside the Premises/Outside the Premises</p> <p>Check if Applicable: ___ Premier Property Package ___ Premier Plus Property Package</p>
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Signature of Producer

Date

Signature of Applicant

Date

SECTION II LIABILITY COVERAGE

Commercial General Liability Coverage
 \$ _____ General Aggregate Limit
 \$ _____ Products-Completed Operations Aggregate Limit

Coverage B. Personal and Advertising Injury Liability
 \$ _____ Personal and Advertising Injury Limit

Liquor Liability Coverage
 \$ _____ Aggregate Limit
 \$ _____ Each Common Cause Limit

Coverage A. Bodily Injury and Property Damage Liability Coverage

Check if Applies:

___ Hired and Non-Owned Auto Liability

\$ _____ Per Occurrence Limit
 \$ _____ Products-Completed Operations Per Occurrence Sublimit
 \$ _____ Fire Damage Limit

\$ _____ Leased Premises Liability Coverage - Auto Property Damage Per Occurrence Limit

\$ _____ Deductible Applies Per Occurrence to Property Damage Liability Coverage

Anticipated Effective Date Requested: _____

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