



# 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

**HOTELS / MOTELS**                      **State:CA**

10-22 P/A 076 RT 022 20170712

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.**

- |   |   |
|---|---|
| <p>1. Business entity: _____<br/>1=Individual 2=Joint venture 3=Partnership<br/>4=Corporation 5=Limited Liab. Co. 6=Other</p> <p>2. Completely describe the operations at this location, including the number of buildings and the number of units per building:<br/>_____<br/>_____<br/>_____</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. Describe any commercial tenants, including related square footage:<br/>_____<br/>_____</p> <p>7. Number of commercial units currently available, vacant, or not rented: _____</p> <p>8. Total annual gross sales by category:<br/>Hotel/Motel: \$ _____<br/>Restaurant: \$ _____<br/>Retail: \$ _____<br/>Bar: \$ _____<br/>Other: \$ _____<br/>Explain: _____</p> <p>9. Average nightly rate: \$ _____</p> <p>10. Number of units: _____<br/>Average rate of occupancy (%): _____</p> <p>11. Total square footage by category:<br/>Hotel/Motel: _____ square feet<br/>Restaurant: _____ square feet<br/>Retail: _____ square feet<br/>Bar: _____ square feet<br/>Other: _____ square feet<br/>Explain: _____</p> | <p>12. How many current customers have been renting for more than 30 consecutive days: _____</p> <p>13. Any pick-up or delivery of guests: _____<br/>If yes, explain: _____</p> <p>14. Parking area or number of spaces: _____</p> <p>15. Building age: _____ years<br/>Date and extent of remodeling: _____</p> <p>16. Does the building's plumbing system have all copper supply pipes/no galvanized: _____</p> <p>17. Any remodeling, renovation or construction work to be performed during the policy period: _____<br/>If yes, explain: _____</p> <p>18. Number of floors: _____</p> <p>19. Do units open to common interior hallways: _____</p> <p>20. Building class: 1=Frame 2=Other _____<br/>If other, explain: _____</p> <p>21. Properly functioning fire sprinklers: _____<br/>Properly functioning smoke detectors: _____<br/>Properly functioning carbon monoxide detectors: _____</p> <p>22. Fire alarm: _____<br/>1=Local 2=Central station 3=None<br/>Burglar alarm: _____<br/>1=Local 2=Central station 3=None</p> <p>23. Manager on premises 24 hours: _____</p> <p>24. Plate glass (linear feet): _____</p> <p>25. Number of pools, saunas, or jacuzzis:<br/>a. Is the pool, sauna or jacuzzi fully enclosed by a fence: _____<br/>b. Height of pool, sauna or jacuzzi fence: _____<br/>c. Any units open onto pool, sauna, or jacuzzi area: _____</p> |
|---|---|

Signature of Producer \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_



26. Cooking facilities: \_\_\_\_\_  
If yes, describe: \_\_\_\_\_
27. Any common or shared kitchen or bathroom areas: \_\_\_\_\_
28. Automatic fire suppression equipment over commercial cooking surfaces/exhaust flue: \_\_\_\_\_  
1=Yes 2=No 3=N/A
29. 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/Po1.#/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: \_\_\_\_\_

36. In the past six months, was property bank owned, in receivership, involved in bankruptcy proceedings or foreclosure: \_\_\_\_\_
37. Underwriter's 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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NAME OF APPLICANT, MAILING ADDRESS AND TELEPHONE NUMBER		APPLICANT'S OPERATIONS AND LOCATION/PREMISES
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**SECTION I PROPERTY COVERAGE**

\$ \_\_\_\_\_ Building Coverage  
     90% Coinsurance Applies  
     \$ \_\_\_\_\_ Deductible Applies  
     Check All That Apply:  
     \_\_\_ General Form  
     \_\_\_ Optional Perils  
     \_\_\_ Special Form  
     \_\_\_ Replacement Cost  
     \_\_\_ Agreed Value  
     \_\_\_ Inflation Guard: \_\_\_\_\_ %  
     \_\_\_ Ordinance or Law Cov. A

\$ \_\_\_\_\_ Ordinance or Law Coverage B

\$ \_\_\_\_\_ Ordinance or Law Coverage C

\$ \_\_\_\_\_ Personal Property Coverage  
     90% Coinsurance Applies  
     \$ \_\_\_\_\_ Deductible Applies  
     Check All That Apply:  
     \_\_\_ General Form  
     \_\_\_ Optional Perils  
     \_\_\_ Special Form Excl. Theft  
     \_\_\_ Replacement Cost

\$ \_\_\_\_\_ Accounts Receivable Endorsement  
     \$ \_\_\_\_\_ Deductible Applies

\$ \_\_\_\_\_ Valuable Papers and Records Endorsement  
     \$ \_\_\_\_\_ Deductible Applies

Loss of Earnings Endorsement  
     \$ \_\_\_\_\_ Each Thirty Days  
     \$ \_\_\_\_\_ Aggregate Limit  
     \$ \_\_\_\_\_ Deductible Applies

\$ \_\_\_\_\_ Extra Expense Endorsement  
     \$ \_\_\_\_\_ Deductible Applies

\$ \_\_\_\_\_ Sign Endorsement  
     \$ \_\_\_\_\_ Deductible Applies

\$ \_\_\_\_\_ Glass Coverage Endorsement  
     \$ \_\_\_\_\_ Deductible Applies

Check if Applies:  
     \_\_\_ Equipment Breakdown

**SECTION II LIABILITY COVERAGE**

Special Multi Peril Liability  
 Bodily Injury Liability and  
 Property Damage Liability  
 Combined Single Limit  
 \$ \_\_\_\_\_ 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)

Employer's Non-ownership  
 Automobile Liability Ins. Endorsement  
 \$ \_\_\_\_\_ Per Occurrence Limit  
 (Subject to Special Multi Peril  
 Liability Aggregate Limit)

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

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

(Continued...)

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**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 ANNUAL PREMIUM FOR THIS APPLICATION:

ANTICIPATED EFFECTIVE DATE REQUESTED:

- 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.
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