



CRUSADER Insurance Company

APPLICATION

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APPLICATION NUMBER

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

Page 1

	DATE PREPARED	PRODUCER
NAME OF APPLICANT, MAILING ADDRESS AND TELEPHONE NUMBER		APPLICANT'S OPERATIONS AND MAIN LOCATION/PREMISES
		TRUCKING 1-5 UNITS State:AZ 28-56 P/A 014 RT 004 20161024

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(s)/Premises unless otherwise indicated. The term "vehicles" includes trailers and non-operational vehicles. Attach additional pages if more space is needed to provide complete answers.

- | <p>1. Business entity: _____
 1=Individual 2=Joint venture 3=Partnership
 4=Corporation 5=Limited Liab. Co. 6=Other</p> <p>2. Completely describe the operations at each location:

 _____</p> <p>3. How many years has applicant been in business: _____</p> <p>4. How many years of experience does applicant have in the transportation industry: _____</p> <p>5. Total annual gross receipts (past 3 years):
 Year Receipts

 _____</p> <p>6. Does applicant operate as:
 A contract carrier: _____
 A common carrier: _____
 If other, describe: _____</p> <p>7. What percentage of the operation is:
 400 miles or less: _____%
 Over 400 miles: _____%</p> <p>8. California Motor Carrier Permit Number: _____</p> <p>9. Operating Authority (USDOT/MC Number): _____</p> <p>10. Indicate required filings:
 MCS-90 _____ Form E _____
 DMV-65 _____ Other (describe): _____</p> <p>11. Does applicant use subhaulers: _____</p> <p>12. Indicate whether each of the following practices is used in driver selection:
 Motor Vehicle Record Check _____
 Written Application _____
 Reference Check _____
 Employment Verification _____
 Road Test _____ Drug Test _____
 Physical Examination _____
 Other (describe): _____</p> | <p>13. Are motor vehicle records reordered and evaluated on at least an annual basis: _____</p> <p>14. Describe acceptability requirements for hiring drivers:

 _____</p> <p>15. Are all drivers covered by workers' compensation insurance: _____
 If yes, provide name of insurer: _____
 If no, explain: _____</p> <p>16. Where do drivers sleep when on a trip:
 1=Hotel/Motel 2=Truck Cab 3=Other</p> <p>17. Does applicant pull double or triple trailers: _____</p> <p>18. Does applicant pull oversized/overweight loads: _____
 If yes, are pilot cars used: _____</p> <p>19. Does applicant use any trailers not marked with reflectors or fluorescent tape: _____</p> <p>20. Will applicant's equipment or vehicles be loaned or rented to others: _____</p> <p>21. Does applicant always conduct pre-trip inspections: _____</p> <p>22. Are any vehicles customized or altered, or do they have special equipment: _____</p> <p>23. Are any trailers equipped with refrigeration systems: _____</p> <p>24. Are passengers allowed to ride in vehicles: _____</p> <p>25. Does applicant haul any commodity considered hazardous by the EPA and/or the DOT: _____</p> <p>26. Does applicant have the authority to haul any commodity considered hazardous by the EPA and/or the DOT: _____</p> <p>27. Are any owned, operated, or leased vehicles not included for coverage under this Application: _____</p> <p>28. List each commodity hauled, including average load value, maximum load value, and percent of loads:</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Commodity</th> <th style="text-align: left;">Avg. Val.</th> <th style="text-align: left;">Max. Val.</th> <th style="text-align: left;">%</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table> | Commodity | Avg. Val. | Max. Val. | % | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
|--|---|-----------|-----------|-----------|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Commodity | Avg. Val. | Max. Val. | % | | | | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | |

Signature of Producer Date Signature of Applicant Date



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<p>29. Does applicant operate under an intermodal or trailer interchange agreement: _____</p> <p>30. Do applicant's contracts require the hauling of bulk liquids: _____</p> <p>31. Are vehicles left loaded overnight: _____ If yes, explain: _____</p> <p>32. How many vehicles have alarm systems: _____ If any, explain: _____</p> <p>33. What steps are taken to secure unoccupied vehicles: _____</p> <p>34. Does applicant operate from a commercial location: _____ If yes, provide the following: a. Are vehicles stored within a fenced perimeter: Location 1: _____ 2: _____ 3: _____ b. Are vehicle lots illuminated at night: Location 1: _____ 2: _____ 3: _____ c. Are dogs kept on vehicle lots: Location 1: _____ 2: _____ 3: _____ d. Building total area (list separately for each location): _____ _____ _____ e. Fire alarm: 1=Local 2=Central station 3=None Location 1: _____ 2: _____ 3: _____ f. Burglar alarm: 1=Local 2=Central station 3=None Location 1: _____ 2: _____ 3: _____ g. Building construction type: 1=Frame 2=Joisted Masonry 3=Other Location 1: _____ 2: _____ 3: _____ If other, describe: _____</p> <p>35. Previous insurance for the past 3 years: Company Policy # Eff./Exp. Dates _____ _____ _____</p>	<p>36. Years of continuous primary liability insurance under applicant's name: _____</p> <p>37. Years of continuous cargo liability insurance under applicant's name: _____</p> <p>38. Was applicant insured under another company's fleet policy at any time during the past 3 years: _____ If yes, provide the following: a. Name or Operating Authority (USDOT/MC #) of company named on fleet policy: _____ b. Dates insured under fleet policy: _____ c. Did fleet policy provide cargo liability insurance: _____ d. Total number of owned tractor units insured under a fleet policy during the past 3 years (excluding those that are currently owned): _____ e. Maximum number of tractor units operated under a fleet policy at any one time during the past 3 years: _____</p> <p>39. Any prior coverage declined, cancelled, or non-renewed in the past 3 years: _____ If yes, explain: _____</p> <p>40. 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>41. Describe all unusual operations or business practices not customary to this type of business: _____ _____ _____</p> <p>42. Does applicant own any other income property or business: _____</p> <p>43. Underwriter's comments: _____ _____ _____</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. 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. *(Not applicable in the state of Washington.)*
- 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

SCHEDULE OF LOCATIONS

List all locations where the applicant conducts garage operations. List the applicant's main business address as Location 1.

LOCATION 1: _____ 0 _____ 0 AZ 0
 street address city, state, zip

LOCATION 2: _____
 street address city, state, zip

LOCATION 3: _____
 street address city, state, zip

SCHEDULE OF EMPLOYEES, DRIVERS, OWNERS, PARTNERS, AND OFFICERS

List name, date of birth, driver license number, and driver license state for each employee, driver, owner, partner, and officer.

	<u>Name</u>	<u>Date of Birth</u>	<u>DL Number</u>	<u>DL State</u>
1.	_____	01/00/00	0	0
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____
15.	_____	_____	_____	_____

SCHEDULE OF CONTRACTORS' EQUIPMENT

List and describe equipment not part of the vehicles and indicate desired limits.

	<u>Limit</u>	<u>Description</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

 Signature of Producer Date

 Signature of Applicant Date

SCHEDULE OF COVERED AUTOS

PLEASE NOTE: All vehicles operating under the applicant's USDOT Number/Interstate Operating Authority, including non-operational vehicles, **must be included** on this schedule. If a vehicle is removed from non-operational status during the policy term, you must notify us immediately. Non-operational vehicles are not eligible for coverage under this program.

If a policy is issued, coverage will only apply to scheduled vehicles. Government regulations require the applicant to maintain liability insurance for all vehicles operating under its USDOT Number/Interstate Operating Authority. Please review this schedule carefully; by not scheduling all applicable vehicles, the applicant might be assuming liability in the event of a claim.

Provide all information requested. The **Stated Amount** should reflect the current market value of the vehicle. Do not use cost new unless the vehicle is a new purchase.

Commercial Auto Liability Limit Desired: \$750,000 \$1,000,000

Year	Make & Model	Vehicle Identification Number	Check if Non-Operational	Gross Vehicle Weight (lbs.)	Stated Amount	Physical Damage Deductible
1.	_____	_____	<input type="checkbox"/>	_____	_____	_____
2.	_____	_____	<input type="checkbox"/>	_____	_____	_____
3.	_____	_____	<input type="checkbox"/>	_____	_____	_____
4.	_____	_____	<input type="checkbox"/>	_____	_____	_____
5.	_____	_____	<input type="checkbox"/>	_____	_____	_____
6.	_____	_____	<input type="checkbox"/>	_____	_____	_____
7.	_____	_____	<input type="checkbox"/>	_____	_____	_____
8.	_____	_____	<input type="checkbox"/>	_____	_____	_____
9.	_____	_____	<input type="checkbox"/>	_____	_____	_____
10.	_____	_____	<input type="checkbox"/>	_____	_____	_____
11.	_____	_____	<input type="checkbox"/>	_____	_____	_____
12.	_____	_____	<input type="checkbox"/>	_____	_____	_____
13.	_____	_____	<input type="checkbox"/>	_____	_____	_____
14.	_____	_____	<input type="checkbox"/>	_____	_____	_____
15.	_____	_____	<input type="checkbox"/>	_____	_____	_____
16.	_____	_____	<input type="checkbox"/>	_____	_____	_____
17.	_____	_____	<input type="checkbox"/>	_____	_____	_____
18.	_____	_____	<input type="checkbox"/>	_____	_____	_____
19.	_____	_____	<input type="checkbox"/>	_____	_____	_____
20.	_____	_____	<input type="checkbox"/>	_____	_____	_____

 Signature of Producer

 Date

 Signature of Applicant

 Date

UNINSURED MOTORIST COVERAGE AND UNDERINSURED MOTORIST COVERAGE SELECTION/REJECTION

DO NOT SIGN UNTIL YOU READ

Arizona law permits you to make certain decisions regarding Uninsured Motorist Coverage and Underinsured Motorist Coverage. This section of the Application provides a general description of those coverages and the options available.

The following is a general description of coverage. However, no coverage is provided by this document. You should read your policy and review your Policy Declarations for complete information on the coverage you are provided.

You have a legal right to purchase *both* Uninsured Motorist Coverage and Underinsured Motorist Coverage with the proposed Commercial Auto Liability Coverage. THOSE COVERAGES HELP PROTECT YOU, YOUR FAMILY, AND YOUR PASSENGERS. IN MOST CASES, LIABILITY COVERAGE DOES NOT.

Uninsured Motorist Coverage provides protection for bodily injuries caused by a negligent motorist who has no insurance. Underinsured Motorist Coverage provides such protection if the negligent motorist does not have enough liability insurance to pay for the injuries caused. If a policy is issued, it would provide Uninsured Motorist Coverage and Underinsured Motorist Coverage in the same amount as the Limit of Insurance for Commercial Auto Liability Coverage (shown below), unless you select a lower amount or no coverage, as stated in this notice.

You may purchase both Uninsured Motorist Coverage and Underinsured Motorist Coverage in any amount from a \$30,000 single limit (or \$15,000/\$30,000 split limits) up to the Limit of Insurance for Commercial Auto Liability Coverage, or you may reject the coverage entirely. Neither limit may exceed the Limit of Insurance for Commercial Auto Liability Coverage, as shown below.

Limit of Insurance for Commercial Auto Liability Coverage: \$1,000,000

Please indicate your preferences for Uninsured Motorist Coverage and Underinsured Motorist Coverage:

I REJECT Uninsured Motorist Coverage entirely.

I SELECT Uninsured Motorist Coverage at the limit indicated below:

Single Limit

\$30,000

\$60,000

\$100,000

\$300,000

\$500,000

\$750,000

\$1,000,000

Other: _____

Split Limits

\$15,000/\$30,000

\$30,000/\$60,000

\$100,000/\$300,000

\$250,000/\$500,000

\$500,000/\$1,000,000

Other: _____

I REJECT Underinsured Motorist Coverage entirely.

I SELECT Underinsured Motorist Coverage at the limit indicated below:

Single Limit

\$30,000

\$60,000

\$100,000

\$300,000

\$500,000

\$750,000

\$1,000,000

Other: _____

Split Limits

\$15,000/\$30,000

\$30,000/\$60,000

\$100,000/\$300,000

\$250,000/\$500,000

\$500,000/\$1,000,000

Other: _____

SELECTION or REJECTION of Uninsured Motorist Coverage and Underinsured Motorist Coverage shall apply to, and become part of, any policy issued, and any extension, renewal, or replacement thereof that is issued with the same Limit of Insurance for Commercial Auto Liability Coverage. If I decide to select a different option at some future time, I must notify Crusader Insurance Company in writing.

DO NOT SIGN UNTIL YOU READ

 Signature of Producer

 Date

 Signature of Applicant

 Date

MISCELLANEOUS COVERAGES (select desired options)

- Auto Medical Payments Limit: \$1,000 \$2,000 \$5,000
- Towing Expense Limit: \$10,000 \$15,000 \$20,000 \$25,000
 (\$5,000 included with Collision; select higher limit if desired.)
- Premier Truckers Enhancement
- Commercial General Liability General Aggregate Limit: \$2,000,000 Per Occurrence Limit: \$1,000,000
 Deductible: \$0 \$1,000
- Cargo Liability Limit: _____ Deductible: \$1,000 \$2,500

COMMENTS

Anticipated Effective Date Requested: _____

ADDITIONAL INTERESTS (attach additional pages if necessary)

Number of Additional Insureds: _____ Number of Lender's Loss Payables: _____

Number of Mortgagees: _____ Number of Loss Payables: _____

Names and addresses (not required for quoting):

Signature of Producer Date

Signature of Applicant Date

