



CRUSADER Insurance Company

APPLICATION

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APPLICATION NUMBER

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

	DATE PREPARED	PRODUCER
NAME OF APPLICANT, MAILING ADDRESS AND TELEPHONE NUMBER		APPLICANT'S OPERATIONS AND MAIN LOCATION/PREMISES
		TRUCKING 1-5 UNITS State:CA 28-56 P/A 034 RT 016 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.

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| <ol style="list-style-type: none"> 1. Business entity: _____
1=Individual 2=Joint venture 3=Partnership
4=Corporation 5=Limited Liab. Co. 6=Other 2. Completely describe the operations at each location:

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

_____ 6. Does applicant operate as:
A contract carrier: _____
A common carrier: _____
If other, describe: _____ 7. What percentage of the operation is:
400 miles or less: _____%
Over 400 miles: _____% 8. California Motor Carrier Permit Number: _____ 9. Operating Authority (USDOT/MC Number): _____ 10. Indicate whether each of the following filings is required: MCS-90 _____
DMV-65 _____ BMC-34 _____ 11. Does applicant use subhaulers: _____ 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): _____
_____ | <ol style="list-style-type: none"> 13. Are motor vehicle records reordered and evaluated on at least an annual basis: _____ 14. Describe acceptability requirements for hiring drivers:

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

_____ |
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Signature of Producer	Date	Signature of Applicant	Date
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29. Does applicant operate under an intermodal or trailer interchange agreement: _____
30. Do applicant's contracts require the hauling of bulk liquids: _____
31. Are vehicles left loaded overnight: _____
If yes, explain: _____
32. How many vehicles have alarm systems: _____
If any, explain: _____
33. What steps are taken to secure unoccupied vehicles: _____
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: _____
35. Previous insurance for the past 3 years:
Company Policy # Eff./Exp. Dates

36. Years of continuous primary liability insurance under applicant's name: _____
37. Years of continuous cargo liability insurance under applicant's name: _____
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: _____
39. Any prior coverage declined, cancelled, or non-renewed in the past 3 years: _____
If yes, explain: _____
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

41. Describe all unusual operations or business practices not customary to this type of business: _____
42. Does applicant own any other income property or business: _____
43. 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. 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. State the applicant's main business address as Location 1.

LOCATION 1:	<u>0</u>	<u>0</u>	<u>CA</u>	<u>0</u>
	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.	<u>0</u>	<u>1/0/1900</u>	<u>0</u>	<u>0</u>
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.	_____	_____

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SCHEDULE OF COVERED AUTOS

PLEASE NOTE: All vehicles operating under the applicant's Motor Carrier Permit/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 Motor Carrier Permit/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.

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Vehicle Identification Number</u>	<u>Check if Non-Operational</u>	<u>Gross Vehicle Weight (lbs.)</u>	<u>Stated Amount</u>	<u>Physical Damage Deductible</u>
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"/>	_____	\$ _____	\$ _____

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California law permits you to make certain decisions regarding Uninsured Motorists Coverage. This section of the Application provides a general description of that coverage 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 coverages you are provided.

A. UNINSURED MOTORISTS COVERAGE—BODILY INJURY. The California Insurance Code requires that we provide you with the following information:

“The California Insurance Code requires an insurer to provide uninsured motorists coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Those provisions also permit the insurer and the applicant to delete the coverage completely or to delete the coverage when a motor vehicle is operated by a natural person or persons designated by name. Uninsured motorists coverage insures the insured, his or her heirs, or legal representatives for all sums within the limits established by law, that the person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code.”

“The California Insurance Code requires an insurer to provide uninsured motorists coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Those provisions also permit the insurer and the applicant to agree to provide the coverage in an amount less than that required by subdivision (m) of Section 11580.2 of the Insurance Code but not less than the financial responsibility requirements. Uninsured motorists coverage insures the insured, his or her heirs, or legal representatives for all sums within the limits established by law, that the person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code.”

B. UNINSURED MOTORISTS COVERAGE—PROPERTY DAMAGE. Uninsured Motorists Coverage may also include Uninsured Motorists Coverage—Property Damage. This coverage is available only if you have selected Uninsured Motorists Coverage—Bodily Injury.

For autos for which you have purchased Collision Coverage, Uninsured Motorists Coverage—Property Damage pays the Collision Coverage deductible in the event of a collision between a covered auto and an uninsured motorist who is at fault.

For autos for which you have not purchased Collision Coverage, Uninsured Motorists Coverage—Property Damage provides insurance protection to an insured for compensatory damages, up to a maximum of \$3,500, for injury to or destruction of a covered auto caused by an automobile accident, which an insured is legally entitled to recover from the owner or operator of certain types of uninsured motor vehicles.

Please indicate whether you SELECT or REJECT Uninsured Motorists Coverage—Bodily Injury:

- I REJECT Uninsured Motorists Coverage—Bodily Injury.
- I SELECT Uninsured Motorists Coverage—Bodily Injury at the following limits, which are lower than the limits of liability for bodily injury in my underlying policy of insurance:
 - \$30,000 per person/\$60,000 per accident
 - \$60,000 per person/\$60,000 per accident

Please indicate whether you SELECT or REJECT Uninsured Motorists Coverage—Property Damage (only available with Uninsured Motorists Coverage—Bodily Injury):

- I REJECT Uninsured Motorists Coverage—Property Damage.
- I SELECT Uninsured Motorists Coverage—Property Damage.

SELECTION or REJECTION of Uninsured Motorists Coverage shall apply to, and become part of, any policy issued, and any extension, renewal, or replacement thereof, until I notify Crusader Insurance Company, in writing, of any change.

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

ADDITIONAL INTERESTS (attach addresses)

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

- Anticipated Effective Date Requested: _____

Comments:

Additional Interest Information (not required for quoting):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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Signature of Applicant Date

