



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:WA 28-56 P/A 007 RT 003 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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|--|---|-----------|-----------|-----------|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| <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:
 <table border="0" style="width: 100%;"> <tr> <td style="text-align: left;">Commodity</td> <td style="text-align: center;">Avg. Val.</td> <td style="text-align: center;">Max. Val.</td> <td style="text-align: center;">%</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> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </table> </p> | Commodity | Avg. Val. | Max. Val. | % | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Commodity | Avg. Val. | Max. Val. | % | | | | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | |

Signature of Producer Date

Signature of Applicant Date



<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. Producers do not have binding authority.
- This application contains a description of all exposures and hazards known, by the applicant and the producer, including a true description of all operations of the applicant.
- It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.
- If a policy is issued, the applicant agrees to promptly implement all reasonable loss control requirements as may be determined.
- 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. The producer 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 WA 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>	<u>*Major Violations Past 5 yrs</u>	<u>**Accidents Past 4 yrs</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. _____	_____	_____	_____	_____	_____

*Major violations include: All alcohol and drug-related offenses; leaving the scene of an accident; reckless or negligent driving or racing; driving while license suspended, revoked or cancelled; committing a felony involving use of a vehicle, causing a fatality through negligent operation of a vehicle; driving on the wrong side of a highway; driving 20 miles per hour or more over the posted speed limit or 85 miles per hour in a commercial motor vehicle; driving over 100 miles per hour; other similarly serious violations.

**Accidents include: "At-fault" and "non-fault" accidents. All accidents are considered "at-fault" unless we receive information from you or another source that proves the accident was not "at-fault."

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 _____

UNDERINSURED MOTORISTS COVERAGE SELECTION/REJECTION

Washington law permits you to make certain decisions regarding Underinsured Motorists Coverage. This section of the Application provides a general description of that coverage and the options available.

No coverage is provided by this document. If a policy is issued, you should read your policy and review your Policy Declarations for complete information on the coverage you are provided.

Underinsured Motorists Coverage provides insurance protection to an insured for compensatory damages that the insured is legally entitled to recover from the owner or operator of an underinsured motor vehicle because of bodily injury or property damage caused by an automobile accident. Also included are damages due to bodily injury or property damage that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Unless rejected in whole or in part, a policy would provide Underinsured Motorists Coverage at a limit equal to the policy's combined single limit for Commercial Auto Liability Coverage. Property Damage Underinsured Motorists Coverage is only offered in conjunction with Bodily Injury Underinsured Motorists Coverage. **Please indicate your preferences below:**

I select **Bodily Injury Underinsured Motorists Coverage** and **Property Damage Underinsured Motorists Coverage** at a limit equal to my combined single limit for Commercial Auto Liability Coverage, which is \$1,000,000.

I reject **Bodily Injury Underinsured Motorists Coverage** and **Property Damage Underinsured Motorists Coverage** at a limit equal to my combined single limit for Commercial Auto Liability Coverage and select the limit(s) indicated below:

Bodily Injury/Property Damage Combined Single Limits

\$60,000 \$100,000 \$150,000 \$250,000 \$500,000 \$750,000 \$1,000,000

--- OR ---

Bodily Injury Split Limits (Each Person/Each Accident)

\$25,000/\$50,000 \$100,000/\$300,000 \$500,000/\$1,000,000

\$50,000/\$100,000 \$250,000/\$500,000

Property Damage Limits

\$10,000 \$25,000

I reject **Property Damage Underinsured Motorists Coverage** entirely and select only **Bodily Injury Underinsured Motorists Coverage** at the limit(s) indicated below, which are lower than my limit for Commercial Auto Liability Coverage:

Bodily Injury Single Limits

\$50,000 \$75,000 \$100,000 \$500,000 \$750,000 \$1,000,000

--- OR ---

Bodily Injury Split Limits (Each Person/Each Accident)

\$25,000/\$50,000 \$50,000/\$100,000 \$100,000/\$300,000 \$250,000/\$500,000

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

I reject **Bodily Injury Underinsured Motorists Coverage** and **Property Damage Underinsured Motorists Coverage**.

Selection or rejection of Underinsured Motorists 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.

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: \$5,000* \$10,000 \$15,000 \$20,000 \$25,000
 *\$5,000 limit included at no additional charge with Collision.
- Premier Truckers Enhancement
- Commercial General Liability General Aggregate Limit: \$2,000,000 Per Occurrence Limit: \$1,000,000
 Deductible: \$0 \$1,000
- Stop Gap—Employers Liability (Commercial General Liability required) Annual Payroll: _____
 Bodily Injury by Accident Each Accident Limit[†]: _____
 Bodily Injury by Disease Each Employee Limit[†]: _____
 Bodily Injury by Disease Aggregate Limit[†]: _____
 [†]\$100,000 Each Accident/\$100,000 Each Employee/\$500,000 Aggregate limits included at no additional charge with Commercial General Liability.
- Cargo Liability Limit: _____ Deductible: \$1,000 \$2,500

Anticipated Effective Date Requested: _____

ADDITIONAL INFORMATION

ADDITIONAL INTERESTS (attach addresses)

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

ADDITIONAL INTEREST INFORMATION (not required for quoting)

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

Signature of Producer _____ Date _____

Signature of Applicant _____ Date _____

