



# 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
		AUTO BODY/AUTO REPAIR SHOP State: CA

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:  
Tire sales/service: \$ \_\_\_\_\_  
Quick lubrication/oil changes: \$ \_\_\_\_\_  
Brake work: \$ \_\_\_\_\_  
Towing: \$ \_\_\_\_\_  
Other repair work: \$ \_\_\_\_\_  
Body work: \$ \_\_\_\_\_  
Gasoline/diesel/LPG: \$ \_\_\_\_\_  
Automated car wash: \$ \_\_\_\_\_  
Full-serve car wash: \$ \_\_\_\_\_  
Restaurant: \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_  
Describe Other: \_\_\_\_\_
8. Number of FULL-TIME workers: \_\_\_\_\_  
(Include active owners, active officers, active partners, managers, mechanics, clerical employees, and subcontractors. Each active owner, officer, and partner equals one full-time worker.)  
Car wash operations: \_\_\_\_\_  
Mechanical or body work: \_\_\_\_\_  
All other operations: \_\_\_\_\_

9. Number of PART-TIME workers: \_\_\_\_\_  
(Include managers, mechanics, clerical employees, and subcontractors.)  
Car wash operations: \_\_\_\_\_  
Mechanical or body work: \_\_\_\_\_  
All other operations: \_\_\_\_\_
10. Does the applicant work solely on a mobile basis: \_\_\_\_\_  
(If yes, skip to question 21)
11. Total area in square feet: \_\_\_\_\_  
Grocery store/market customer area in square feet: \_\_\_\_\_  
Restaurant customer area in 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. Properly functioning fire sprinklers: \_\_\_\_\_
19. Burglar alarm: \_\_\_\_\_  
1=Local 2=Central station 3=None
20. 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
21. Current and valid licenses as required by law: \_\_\_\_\_
22. Tow commercial vehicles/heavy equipment: \_\_\_\_\_  
Tow under contract: \_\_\_\_\_  
Note: If yes, provide proof of insurance.

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

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



23. Sell used or salvaged parts: \_\_\_\_\_  
If yes, are parts rebuilt by someone other than the applicant: \_\_\_\_\_  
1=Yes 2=No 3=N/A
24. Rent, lease, or loan vehicles or equipment to others: \_\_\_\_\_
25. Offer "Rent-A-Bay" or other self-serve facilities: \_\_\_\_\_
26. Perform mechanical repairs/service on large commercial trucks, buses, motor homes, trailers, tractors, motorcycles, watercraft or other recreational vehicles: \_\_\_\_\_
27. Perform mechanical repairs/service on performance vehicles or vehicles used for racing or stunting: \_\_\_\_\_
28. Sponsor performance vehicles or vehicles used for racing or stunting: \_\_\_\_\_
29. Perform mechanical repairs/service on high value or exotic cars: \_\_\_\_\_
30. Perform dismantling/wrecking/salvaging: \_\_\_\_\_
31. Sell new or used cars: \_\_\_\_\_
32. Perform mobile repair work: \_\_\_\_\_
33. Manufacture any components or parts: \_\_\_\_\_  
Contract with others to manufacture components or parts for use or sale: \_\_\_\_\_
34. 4-year policy history (Company/Dates):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
35. Is the subject risk currently insured for both Property and Liability: \_\_\_\_\_
36. Any prior coverage declined, cancelled, or non-renewed in the past 3 years:  
\_\_\_\_\_  
If yes, explain:  
\_\_\_\_\_

37. 4-year loss history:  
Describe all losses and injuries, whether reported to an insurance company or not, and known occurrences and incidents that may result in loss or claim, regardless of fault.  
Description                      Date                      Amount  
\_\_\_\_\_  
\_\_\_\_\_
38. 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: \_\_\_\_\_
39. Is the applicant in receivership or involved in any bankruptcy proceedings: \_\_\_\_\_
40. Comments:  
**Acceptable Motor Vehicle Records required.**  
\_\_\_\_\_  
\_\_\_\_\_

- 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



		EDITION DATE	PRODUCER
NAME OF APPLICANT, MAILING ADDRESS AND TELEPHONE NUMBER			APPLICANT'S OPERATIONS AND LOCATION/PREMISES
			<b>AUTO BODY/AUTO REPAIR SHOP</b> State: CA

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**SECTION I PROPERTY COVERAGE**

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

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

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

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

\$ \_\_\_\_\_ Business Income (Without Extra Expense)  
     \_\_\_% Coinsurance Applies  
     --OR--  
     1/\_\_\_ Monthly Limit of Indemnity Applies  
     Check if Applies:  
     \_\_\_ Off Premises Svcs. - Time Element

\$ \_\_\_\_\_ Business Income (With Extra Expense)  
     \_\_\_% Coinsurance Applies  
     --OR--  
     1/\_\_\_ Monthly Limit of Indemnity Applies  
     Check if Applies:  
     \_\_\_ Off Premises Svcs. - Time Element

\$ \_\_\_\_\_ Employee Tools  
     \$ \_\_\_\_\_ Deductible Applies

\$ \_\_\_\_\_ Property in Transit  
     (Subjct to Personal Property Coverage Deductible)

\$ \_\_\_\_\_ Food Spoilage Coverage  
     \_\_\_% Coinsurance Applies  
     \$ \_\_\_\_\_ Deductible Applies

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

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

\$ \_\_\_\_\_ Sign Endorsement  
     Special Deductible Terms Apply

Glass Coverage Endorsement  
     \_\_\_ Square Feet Limit Applies  
     \$ \_\_\_\_\_ Deductible Applies

Check if Applies:  
     \_\_\_ Premier Property Package Endorsement  
     \_\_\_ Equipment Breakdown

**SECTION II LIABILITY COVERAGE**

Garage Insurance  
     Bodily Injury Liability and  
     Property Damage Liability  
     Combined Single Limit  
     Check if Applies:  
     \_\_\_ Hired Auto Liability

\$ \_\_\_\_\_ Per Occurrence Limit  
     \$ \_\_\_\_\_ Aggregate Limit

\$ \_\_\_\_\_ Incidental Contractual Liability  
     Per Occurrence Sublimit  
     (Subjct to Garage Insurance Liability Aggregate Limit)

Products & Completed Operations  
     \$ \_\_\_\_\_ Per Occurrence Sublimit  
     \$ \_\_\_\_\_ Aggregate Sublimit  
     Check if Applies:  
     \_\_\_ Broad Form Products

(Continued...)

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Real Property Liability -  
Fire Damage  
\$ \_\_\_\_\_ Per Occurrence Sublimit  
(Subject to Garage Insurance  
Liability Aggregate Limit)

\$ \_\_\_\_\_ Property Damage Deductible Applies  
Per Each Occurrence to Garage Insurance  
Coverage and Sublimits

Personal Injury Liability Insurance  
\$ \_\_\_\_\_ Per Occurrence Limit  
(Subject to Garage Insurance  
Liability Aggregate Limit)

Leased Premises Liability  
Auto Property Damage  
\$ \_\_\_\_\_ Per Occurrence Limit  
(Subject to Garage Insurance  
Liability Aggregate Limit)

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

Garagekeeper's Legal Liability Insurance  
Comprehensive & Collision and  
Auto in Tow Liability  
\$ \_\_\_\_\_ Per Vehicle Limit  
\$ \_\_\_\_\_ Per Occurrence Limit  
\$ \_\_\_\_\_ Per Vehicle Deductible Applies  
\$ \_\_\_\_\_ Per Occurrence Aggregate  
Deductible Applies

Garagekeeper's Direct - Primary  
Comprehensive & Collision and  
Auto in Tow Liability  
\$ \_\_\_\_\_ Per Vehicle Limit  
\$ \_\_\_\_\_ Per Occurrence Limit  
\$ \_\_\_\_\_ Per Vehicle Deductible Applies  
\$ \_\_\_\_\_ Per Occurrence Aggregate  
Deductible Applies

**SECTION III CRIME COVERAGE**

\$ \_\_\_\_\_ Contents Theft Endorsement  
\$ \_\_\_\_\_ Deductible Applies

\$ \_\_\_\_\_ Employee Tools  
\$ \_\_\_\_\_ Deductible Applies

\$ \_\_\_\_\_ Theft, Disappearance and Destruction  
\$ \_\_\_\_\_ 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:

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