



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
		BAR/TAVERN 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. Type of establishment: _____

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 sales by category:
Food Sales: \$ _____
Alcohol Sales: \$ _____
Cover Charge Sales: \$ _____
Net Gambling Sales: \$ _____
Catering Sales: \$ _____
Other Sales: \$ _____
Describe Other Sales: _____
8. Total area in square feet: _____
(Include patio area/exclude common area.)
9. Parking area or number of spaces: _____
10. Year built: _____
11. Construction type: 1=Frame 2=Other
12. Any building improvements: _____
If yes, enter year improvement completed:
Electrical: _____ Plumbing: _____
Heating: _____ Roofing: _____
Other: _____
Describe Other: _____

13. Does the building's plumbing system have all copper supply pipes/no galvanized: _____
14. Any remodeling, renovation or construction work to be performed during the policy period: _____
If yes, explain: _____
15. Number of floors: _____
16. Properly functioning fire sprinklers: _____
17. Burglar alarm: _____
1=Local 2=Central station 3=None
18. Distilling or microbrewing: _____
If yes, indicate number of barrels produced annually: _____
19. Wholesale producing or distributing: _____
20. Dancing: _____
21. Number of pool tables: _____
22. Describe all other entertainment: _____

23. Sponsor or provide any athletic activities: _____
If yes, explain: _____
24. Participate in or host outside events: _____
If yes, explain: _____
25. Sponsor or provide activities with customer participation: _____
If yes, explain: _____
26. Seating capacity: _____
27. Maximum number of people working at any one time: _____
28. Any bouncers, on-site security guards (including parking lot security), doormen, or door ID checkers: _____
If yes, describe: _____

- Independently contracted: _____
1=Yes 2=No 3=N/A
29. Liquor violations/citations in the past three years: _____
1=Yes 2=No 3=N/A
If yes, explain: _____

Signature of Producer _____ Date _____

Signature of Applicant _____ Date _____



30. Valet parking: _____
Is valet parking service independently
contracted: _____
1=Yes 2=No 3=N/A
31. Deliveries: _____
If yes, explain: _____
32. Cooking facilities: _____
If yes, describe: _____
33. Automatic fire suppression equipment over
cooking surfaces and exhaust flues:

34. Are flues cleaned by a professional service
at least every 6 months: _____
1=Yes 2=No 3=N/A
35. Days of operation: _____
Business hours: _____
36. 4-year policy history (Company/Dates):

37. Is the subject risk currently insured
for both Property and Liability:

38. Any prior coverage declined, cancelled,
or non-renewed in the past 3 years:

- If yes, explain: _____
39. 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

40. 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: _____

41. Is the applicant in receivership or
involved in any bankruptcy proceedings:

42. 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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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
 ___ Replacement Cost
 ___ Sprinkler Leakage Exclusion

Business Income Coverage
 Select One:
 ___ Actual Loss Sustained up to
 \$1,000,000
 ___ Limit of \$ _____ Subject to
 ___% Coinsurance
 ___ Limit of \$ _____ Subject to
 1/___ Monthly Limit of Indemnity
 Check All That Apply:
 ___ Extra Expense
 ___ Off Premises Svcs. - Time Element

\$ _____ Food Spoilage Coverage
 ___% Coinsurance Applies
 \$ _____ Deductible Applies

\$ _____ Bailee's Coverage
 \$ _____ 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

Special Multi Peril Liability
 Bodily Injury Liability and
 Property Damage Liability
 Combined Single Limit
 Check All That Apply:
 ___ Hired & Nonowned Auto
 ___ Assault or Battery Exclusion

\$ _____ Per Occurrence Limit
 \$ _____ Aggregate Limit

Incidental Contractual Liability
 Per Occurrence Sublimit
 (Subject to Special Multi Peril
 Liability Aggregate Limit)

Products and Completed Operations
 Per Occurrence Sublimit
 \$ _____ 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)

(Continued...)

Signature of Producer _____ Date _____

Signature of Applicant _____ Date _____



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

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

SECTION III CRIME COVERAGE

\$ _____ Contents Theft Endorsement
 \$ _____ 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:

- 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.
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