



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
		<p>COMMERCIAL BUILDING</p> <p>State: CA</p>

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. Property description: _____
3. How long has applicant been in this type of business: _____
4. Does applicant own any other commercial properties: _____
If yes, how many: _____
5. How long has applicant been at this location: _____
6. Number of commercial units: _____
Total annual commercial occupancy rental receipts: \$ _____
Number of commercial units currently available, vacant, unoccupied, or not rented: _____
7. Does applicant own or run any of the commercial occupancies: _____
If yes, provide the following:
 - a. Which commercial occupancy does the applicant own or run: _____
 - b. Does the commercial occupancy owned or run by the applicant have a central station burglar alarm: _____
8. If any apartment units, provide the following:
 - a. Number of apartment units: _____
 - b. Total annual apartment rental receipts: \$ _____
 - c. Number of apartment units currently available, vacant, unoccupied, or not rented: _____
 - d. Does applicant live in any of the apartment units: _____
 - e. Do all apartment units have both properly functioning carbon monoxide detectors and properly functioning smoke detectors: _____

9. Total area by occupancy type (in square feet):
Auto Body/Auto Repair/Car Wash: _____
Dry Cleaner/Laundry: _____
Food & Beverage Service: _____
Machine Shop/Manufacturer/Warehouse: _____
Mercantile/Retail Store: _____
Office: _____
Apartment: _____
Available/Vacant/Unoccupied/Not Rented: _____
Other/NOC (not otherwise classified): _____
Describe Other/NOC: _____
10. Year built: _____
11. Construction type: 1=Frame 2=Other
12. Parking area or number of spaces: _____
13. Number of floors: _____
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 at least 95% copper supply pipes: _____
If no, does the building's plumbing system have at least 75% copper supply pipes: _____
1=Yes 2=No 3=N/A
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. Fire alarm: _____
1=Local 2=Central station 3=None
Properly functioning fire sprinklers: _____

Signature of Producer _____ Date _____

Signature of Applicant _____ Date _____



19. Automatic fire suppression equipment over commercial cooking surfaces/exhaust flues:

1=Yes 2=No 3=N/A

20. Are commercial flues cleaned by a professional service at least every 6 months:

1=Yes 2=No 3=N/A

21. 4-year policy history (Company/Dates):

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

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

If yes, explain:

24. 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

25. 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:

26. In the past 6 months, was the property bank owned, in receivership, involved in any bankruptcy proceedings or in foreclosure: _____

27. 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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		COMMERCIAL BUILDING 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
 ___ Extended 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 Subject to
 ___ Months Period of Restoration
 Limit of \$ _____ Subject to
 ___% Coinsurance
 ___ Limit of \$ _____ Subject to
 1/___ Monthly Limit of Indemnity
 Check if Applicable:
 ___ Extra Expense

\$ _____ 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 Applicable:
 ___ Premier Property Package
 ___ Premier Plus Property Package
 ___ Equipment Breakdown

SECTION II LIABILITY COVERAGE

Special Multi Peril Liability
 Bodily Injury Liability and
 Property Damage Liability
 Combined Single Limit

Check if Applies:
 ___ Hired & Nonowned Auto Liab.

\$ _____ Per Occurrence Limit
 \$ _____ Aggregate Limit

\$ _____ Incidental Contractual Liability
 Per Occurrence Sublimit
 (Subject to Special Multi Peril
 Liability 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)

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

SECTION III CRIME COVERAGE

\$ _____ Theft, Disappearance and Destruction
 \$ _____ Deductible Applies

(Continued...)

Signature of Producer _____ Date _____

Signature of Applicant _____ Date _____



APPLICATION NUMBER

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:

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- 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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