





27. Cooking facilities: \_\_\_\_\_  
If yes, describe: \_\_\_\_\_
28. Automatic fire suppression equipment over cooking surfaces and exhaust flues: \_\_\_\_\_  
1=Yes 2=No 3=N/A
29. Are flues cleaned by a professional service at least every 6 months: \_\_\_\_\_  
1=Yes 2=No 3=N/A
30. Days of operation: \_\_\_\_\_  
Business hours: \_\_\_\_\_
31. What time does applicant cease serving patrons: \_\_\_\_\_
32. 4-year policy history (Company/Dates): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
33. Is the subject risk currently insured for both Property and Liability: \_\_\_\_\_
34. Any prior coverage declined, cancelled, or non-renewed in the past 3 years: \_\_\_\_\_  
If yes, explain: \_\_\_\_\_
35. 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  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
36. 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: \_\_\_\_\_
37. Is the applicant in receivership or involved in any bankruptcy proceedings: \_\_\_\_\_  
\_\_\_\_\_

38. 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



	EDITION DATE	PRODUCER
NAME OF APPLICANT, MAILING ADDRESS AND TELEPHONE NUMBER		APPLICANT'S OPERATIONS AND LOCATION/PREMISES
		<p><b>FOOD ESTABLISHMENT</b> 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.

**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 Coverage  
 Select One:  
     \_\_\_ Actual Loss Sustained up to  
     \_\_\_ \$1,000,000  
     \_\_\_ Limit of \$ \_\_\_\_\_ Subject to  
     \_\_\_ % Coinsurance  
 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 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)

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

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