



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
		FULL-SERVICE CAR WASH 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. Business entity: _____
1=Individual 2=Joint Venture 3=Partnership
4=Corporation 5=Limited Liab. Co. 6=Other
2. Completely describe the operations at this location:

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. Is any portion of the applicant's premises subleased: _____
If yes, describe occupancy(ies) and related square footage: _____
7. Total annual gross sales by category:
Tire sales/service: \$ _____
Oil/quick lubrication work: \$ _____
Brake work: \$ _____ Towing: \$ _____
Other repair work: \$ _____
Body work: \$ _____
Gasoline/diesel sales: \$ _____
LPG sales: \$ _____
Mini-mart/grocery operations: \$ _____
Self-serve car wash operations: \$ _____
Full-serve car wash operations: \$ _____
Restaurant operations: \$ _____
Other: \$ _____
Explain: _____
- 8.a. No. of FULL-TIME workers (Include active owners, officers, partners, managers, mechanics, clerical and subcontractors. Each active owner, officer or partner equals one full-time worker): _____
Car wash operations: _____
Mechanical or body work: _____
All other operations: _____
- 8.b. No. of PART-TIME workers (Include managers, mechanics, clerical and subcontractors): _____
Car wash operations: _____
Mechanical or body work: _____
All other operations: _____

9. Total area: _____ square feet
Mini-mart/grocery customer area: _____ square feet
Restaurant customer area: _____ square feet
Car wash area: _____ square feet
10. No. of gasoline/diesel pumps: _____
No. of self-serve car wash bays: _____
11. Building age: _____ years
Date and extent of remodeling: _____
12. Does the building's plumbing system have all copper supply pipes/no galvanized: _____
13. Any remodeling, renovation or construction work to be performed during the policy period: _____
If yes, explain: _____
14. Construction type: _____
1=Frame 2=Other
If other, explain: _____
15. Properly functioning fire sprinklers: _____
16. Burglar alarm: _____
1=Local 2=Central station 3=None
17. Current and valid licenses as required by law: _____
18. No. of vehicles kept overnight: _____
Where are vehicles stored overnight: _____
19. Perform mechanical repair/service on large commercial trucks, buses, motor homes, trailers, tractors, motorcycles, watercraft or other recreational vehicles: _____
20. Perform mechanical repairs/service or sponsor performance vehicles or vehicles used for racing or stunting: _____
21. Perform mechanical repairs/service on high value or exotic cars: _____
22. Tow commercial vehicles/heavy equipment: _____
Tow under contract: _____
Note: If yes, provide proof of insurance.
23. Rent, lease, or loan vehicles or equipment to others: _____
24. Offer "Rent-A-Bay" or other self-serve facilities: _____

Signature of Producer _____ Date _____

Signature of Applicant _____ Date _____



25. Perform dismantling/wrecking/salvaging: _____
26. Perform new or used car sales: _____
27. Sell used or salvaged parts: _____
If yes, are parts rebuilt by someone other than the applicant: _____
1=Yes 2=No 3=N/A
28. Perform mobile repair work: _____
29. Manufacture any components or parts: _____
Contract with others to manufacture components or parts for use or sale: _____
30. Liquor violations/citations in the past three years: _____
1=Yes 2=No 3=N/A
If yes, explain: _____
31. Automatic fire suppression equipment over cooking surfaces and exhaust flues: _____
1=Yes 2=No 3=N/A
32. How often are flues cleaned by a professional service: _____
33. 4-year policy history (Company/Pol.#/Dates)

34. 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

35. Has there been a fire at this location, or other location or business owned by the applicant, that damaged any property within the last 10 years: _____
If yes, describe: _____
36. Is the subject risk currently insured for both Property and Liability: _____
37. Any prior coverage declined, cancelled, or non-renewed in the past 3 years: _____
If yes, explain: _____
38. Is applicant in receivership or involved in any bankruptcy proceedings: _____
39. Underwriter's 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



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SECTION I PROPERTY COVERAGE

\$ _____ Building Coverage
 90% Coinsurance Applies
 \$ _____ Deductible Applies
 Check All That Apply:
 ___ General Form
 ___ Special Form
 ___ Replacement Cost
 ___ Agreed Value
 ___ Inflation Guard: _____ %
 ___ Ordinance or Law Cov. A

\$ _____ Ordinance or Law Coverage B

\$ _____ Ordinance or Law Coverage C

\$ _____ Personal Property Coverage
 90% Coinsurance Applies
 \$ _____ Deductible Applies
 Check All That Apply:
 ___ General Form
 ___ Optional Perils
 ___ Replacement Cost

Loss of Earnings Endorsement
 \$ _____ Each Thirty Days
 \$ _____ Aggregate Limit

\$ _____ Accounts Receivable Endorsement

\$ _____ Valuable Papers and Records Endorsement
 \$0 Deductible Applies

\$ _____ Sign Endorsement
 Special Deductible Terms Apply

\$ _____ Glass Coverage Endorsement
 Maximum Limit Available: \$500
 \$100 Deductible Applies

Check if Applies:
 ___ Equipment Breakdown

SECTION II LIABILITY COVERAGE

Garage Insurance
 Bodily Injury Liability and
 Property Damage Liability
 Combined Single Limit
 \$ _____ Per Occurrence Limit
 \$ _____ Aggregate Limit

Incidental Contractual Liability
 \$ _____ Per Occurrence Sublimit
 (Subject to Garage Insurance
 Liability Aggregate Limit)

Products & Completed Operations
 \$ _____ Per Occurrence Sublimit
 (Subject to Garage Insurance
 Liability Aggregate Limit)

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

\$1,000 Property Damage Deductible Applies
 Per Each Occurrence to Garage Insurance
 Coverage and Sublimits

Employer's Non-ownership
 Automobile Liability Ins. Endorsement
 \$ _____ Per Occurrence Limit
 (Subject to Garage Insurance
 Liability Aggregate Limit)

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)

(Continued...)

Signature of Producer _____ Date _____

Signature of Applicant _____ Date _____



Garagekeeper's Legal Liability Insurance
 Coverages K-1 Fire and Explosion
 K-2 Theft of the Entire Auto
 K-3 Riot and Vandalism
 K-4 Collision or Upset

\$ _____ Per Vehicle Limit
 \$ _____ Per Occurrence Limit
 \$1,000 Per Vehicle Deductible Applies
 \$5,000 Per Occurrence Aggregate
 Deductible Applies

SECTION III CRIME COVERAGE

\$ _____ Burglary Endorsement
 \$500 Deductible Applies

\$ _____ Robbery (Inside/Outside)
 \$100 Deductible Applies
 Robbery Limitation Endorsement
 Inside Cash Limit of \$500 Applies

\$ _____ Safe Burglary Endorsement
 \$100 Deductible Applies

Check if Applies:
 ___ Home of Messenger Endorsement

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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