



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
		GASOLINE STATION 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.

- Applicant's business entity: _____
1=Individual 2=Joint Venture 3=Partnership
4=Corporation 5=Limited Liability Company
6=Trust 7=Other
- Describe operations:

- Open for business: _____
- How long has applicant been in this type of business:

- How long has applicant been at this location:

- Does the applicant lease or sublease space to others: _____
If yes, describe occupancies and related square footage:

- Total annual gross sales by category (round to nearest \$1,000):
Gasoline/diesel/LPG: \$ _____
Grocery store/market (alcohol): \$ _____
Grocery store/market (other): \$ _____
Automated car wash: \$ _____
Full-serve car wash: \$ _____
Restaurant: \$ _____
Tire sales/service: \$ _____
Brake work: \$ _____
Quick lubrication/oil changes: \$ _____
Other repair work: \$ _____
Bodywork: \$ _____
Other: \$ _____
Describe Other: _____
- Number of FULL-TIME workers:
(Include each active owner/officer/partner/manager as one full-time worker.)
Cashiers/gas pump attendants: _____
Car wash personnel: _____
Mechanics/auto repair personnel: _____
Other personnel: _____
Describe other personnel: _____
- Number of PART-TIME workers:
Cashiers/gas pump attendants: _____
Car wash personnel: _____
Mechanics/auto repair personnel: _____
Other personnel: _____
Describe other personnel: _____
- Annual gallons of gasoline sold: _____
Annual gallons of LPG sold: _____
- Total area: _____ square feet
Restaurant/grocery store/market total area: _____ square feet
Restaurant/grocery store/market customer area: _____ square feet
Car wash area: _____ square feet
Year built: _____
- Construction type: _____
1=Frame 2=Other
- Any building improvements: _____
If yes, enter year improvement completed:
Electrical: _____ Plumbing: _____
Heating: _____ Roofing: _____
Other: _____
Describe Other: _____
- Does the building's plumbing system have all copper supply pipes/no galvanized: _____
- Any remodeling, renovation or construction work to be performed during the policy period: _____
If yes, explain: _____
- Fire station within 5 miles: _____
Fire hydrant within 1,000 feet: _____
- Building fully protected by automatic sprinkler system: _____
- Burglar alarm: _____
1=Local 2=Central station 3=None
- Any underground gasoline or diesel fuel storage tanks exceeding 20 years in age: _____
- Number of automated car wash tunnels: _____
- 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
- Current and valid licenses as required by law: _____
- Any towing operations: _____

Signature of Producer _____ Date _____

Signature of Applicant _____ Date _____



25. Sell used or salvaged parts: _____
If yes, are parts rebuilt by someone other than the applicant: _____
1=Yes 2=No 3=N/A
26. Rent, lease, or loan vehicles or equipment to others: _____
27. Offer "Rent-A-Bay" or other self-serve facilities: _____
28. Perform mechanical repairs/service on large commercial trucks, buses, motor homes, trailers, tractors, motorcycles, watercraft or other recreational vehicles: _____
29. Perform mechanical repairs/service on performance vehicles or vehicles used for racing or stunting: _____
30. Sponsor performance vehicles or vehicles used for racing or stunting: _____
31. Perform mechanical repairs/service on high value or exotic cars: _____
32. Perform dismantling/wrecking/salvaging: _____
33. Sell new or used cars: _____
34. Sell motorcycles, recreational vehicles, or mobile equipment: _____
35. Perform mobile repair work: _____
36. Manufacture any components or parts: _____
Contract with others to manufacture components or parts for use or sale: _____
37. Perform recapping or retreading of tires: _____
Sell recapped or retreaded tires: _____
38. Any consumption of alcohol on the premises: _____
If yes, describe: _____
39. Any liquor violations/citations in the past 3 years: _____
If yes, explain: _____
40. Automatic fire suppression equipment over cooking surfaces and exhaust flues: _____
1=Yes 2=No 3=N/A
41. Are flues cleaned by a professional service at least every 6 months: _____
1=Yes 2=No 3=N/A
42. Days of operation: _____
Business hours: _____
43. 4-year policy history (Company/Dates): _____

44. Is the subject risk currently insured for both Property and Liability: _____
45. Any prior coverage declined, cancelled, or non-renewed in the past 3 years: _____
If yes, explain: _____
46. 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

47. 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: _____
48. Is the applicant in receivership or involved in any bankruptcy proceedings: _____
49. 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

<p>Building and Personal Property Coverage _____% Coinsurance Applies \$_____ Deductible Applies Indicate Covered Causes of Loss: <input type="checkbox"/> Basic <input type="checkbox"/> Special-Including Theft <input type="checkbox"/> Special-Excluding Theft</p> <p>\$_____ Building Coverage (include pumps & canopies) Check All That Apply: <input type="checkbox"/> Replacement Cost <input type="checkbox"/> Agreed Value <input type="checkbox"/> Inflation Guard: ____% <input type="checkbox"/> Ordinance or Law Coverage A</p> <p>\$_____ Ordinance or Law Coverage B \$_____ Ordinance or Law Coverage C</p> <p>\$_____ Business Personal Property Coverage (include hoses, nozzles, and gas in ground) Sublimits: \$_____ Theft of Tobacco Products \$_____ Gas in Ground Check if Applies: <input type="checkbox"/> Replacement Cost</p> <p>Business Income Coverage Select One: <input type="checkbox"/> Actual Loss Sustained up to \$1,000,000 Subject to _____ Months Period of Restoration <input type="checkbox"/> Limit of \$_____ Subject to _____% Coinsurance <input type="checkbox"/> Limit of \$_____ Subject to 1/____ Monthly Limit of Indemnity Check All That Apply: <input type="checkbox"/> Extra Expense <input type="checkbox"/> Off-Premises Services-Time Element Limit of \$_____</p>	<p>\$_____ Employees' Tools</p> <p>Loss or Damage to Customers' Autos Select One: <input type="checkbox"/> Legal Liability Coverage <input type="checkbox"/> Direct Primary Coverage</p> <p>\$_____ Any One Auto \$_____ Any One Event \$_____ Theft/Mischief/Vandalism Deductible Applies Per Auto \$_____ Theft/Mischief/Vandalism Deductible Applies Per Event \$_____ Collision Deductible Applies Per Event</p> <p>\$_____ Spoilage Coverage</p> <p>\$_____ Accounts Receivable Coverage</p> <p>\$_____ Valuable Papers and Records Coverage</p> <p>\$_____ Outside Signs Coverage</p> <p>\$_____ Glass Coverage \$_____ Deductible Applies</p> <p>Money and Securities Coverage-Robbery and Safe Burglary \$_____ Inside the Premises/Outside the Premises</p> <p>Check if Applicable: <input type="checkbox"/> Premier Property Package <input type="checkbox"/> Premier Plus Property Package</p>
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 Signature of Producer

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SECTION II LIABILITY COVERAGE

Commercial General Liability Coverage	Coverage B. Personal and Advertising Injury Liability
\$ _____ General Aggregate Limit	\$ _____ Personal and Advertising Injury Limit
\$ _____ Products-Completed Operations Aggregate Limit	
	Liquor Liability Coverage
Coverage A. Bodily Injury and Property Damage Liability Coverage	\$ _____ Aggregate Limit
Check if Applies:	\$ _____ Each Common Cause Limit
___ Hired and Non-Owned Auto Liability	
\$ _____ Per Occurrence Limit	
\$ _____ Products-Completed Operations Per Occurrence Sublimit	
\$ _____ Fire Damage Limit	
\$ _____ Leased Premises Liability Coverage - Auto Property Damage Per Occurrence Limit	
\$ _____ Deductible Applies Per Occurrence to Property Damage Liability Coverage	

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