

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.

If the applicant requires extra space to accurately and completely fill in this application, please attach additional sheets, as necessary.

1. Today's date: _____ _____	3a. Name of Applicant: _____ 3b. Mailing Address: _____ _____
2. Proposed Effective Date: _____ _____	3c. Telephone Number: (_____) _____ - _____ 3d. Website: _____

4a. Name of Producer: _____ 4c. Mailing Address: _____ _____ 4e. E-Mail Address: _____	4b. Producer Number: _____ 4d. Telephone Number: (_____) _____ - _____
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5a. LOCATION #1	_____ <small>street address</small> _____ <small>city, state, zip</small>
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5b. LOCATION #2	_____ <small>street address</small> _____ <small>city, state, zip</small>
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5c. LOCATION #3	_____ <small>street address</small> _____ <small>city, state, zip</small>
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5d. LOCATION #4	_____ <small>street address</small> _____ <small>city, state, zip</small>
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6a. Is the Producer listed in 4 above the controlling agent on the account? Yes No

6b. If yes, for how many years? _____

GENERAL INFORMATION

7. Business entity: Individual Joint venture Partnership Corporation Limited Liab. Co. Other

8. Completely describe the operations at each location:

9. Describe all unusual operations or business practices not customary to this type of business:

DRIVER SUPERVISION (continued)

23. Does applicant have an active drug testing program: _____ Yes _____ No
 If yes, describe: _____

24. Does applicant have a written safety program: _____ Yes _____ No
25. Are regular safety meetings held for employees: _____ Yes _____ No
 If yes, how often: _____
26. Does applicant have a written disciplinary / termination program: _____ Yes _____ No
27. Does applicant have a written accident review procedure: _____ Yes _____ No
 If yes, describe: _____

28. Number of drivers that left your employ last year: _____
29. Number of drivers hired in the last year: _____
30. Describe training provided for employees: _____

31. Are drivers required to attend outside training courses: _____ Yes _____ No
 If yes, describe: _____
32. How are drivers compensated: _____ Hourly _____ Salary _____ Commission
33. Are "response time" bonuses / penalties used: _____ Yes _____ No
 If yes, describe: _____
34. Are any drivers considered to be "subcontractors": _____ Yes _____ No
 If yes, describe: _____
35. Is there a written "take home" policy for tow vehicles: _____ Yes _____ No

TOWING OPERATIONS

36. What percentage of the tow operation is:
 0-50 miles _____% 51-100 miles _____% Over 100 miles _____%
37. What is the applicant's California Motor Carrier Permit Number: CA-_____
38. What is the applicant's Federal Motor Carrier (MC) Number: _____
39. Does the applicant require a Department of Transportation, State, or Federal filing **other than** the California Department of Motor Vehicles / Motor Carrier Branch Form **DMV-65 MCP**: _____ Yes _____ No
40. Does the applicant tow or transport hazardous materials: _____ Yes _____ No
 If yes, describe: _____
41. Does the applicant possess the certification and licenses required for the handling of hazardous materials: _____ Yes _____ No
 If yes, describe: _____
42. Is there a written vehicle maintenance program: _____ Yes _____ No
43. Is a visual vehicle inspection performed daily: _____ Yes _____ No
44. Is a daily inspection log or checklist maintained: _____ Yes _____ No

TOWING OPERATIONS (continued)

45. Are the drivers responsible for vehicle maintenance: _____ Yes _____ No

Explain: _____

46. Is vehicle maintenance done by an outside firm: _____ Yes _____ No

If yes, describe: _____

47. Are any owned vehicles not included for coverage under this application: _____ Yes _____ No

If yes, describe: _____

48. Do the vehicles described in 47 above operate under the applicant's California Motor Carrier Permit: _____ Yes _____ No

49. Indicate the percentage of tow revenue by source:

AAA _____% City Contracts _____% CHP _____% FSP: _____%
 Commercial _____% Other Auto Clubs _____% Other _____% (describe) _____

LOCATION INFORMATION

50a. LOCATION #1: Construction Type: _____

Fire Protection Classification: _____ Total Area: _____ square feet

Is location fenced: _____ Yes _____ No Lighted at night: _____ Yes _____ No

Attended at all times: _____ Yes _____ No Dogs on premises: _____ Yes _____ No

Fire alarm: _____ Yes _____ No Burglar alarm: _____ Yes _____ No

Describe: _____ Describe: _____

50b. LOCATION #2: Construction Type: _____

Fire Protection Classification: _____ Total Area: _____ square feet

Is location fenced: _____ Yes _____ No Lighted at night: _____ Yes _____ No

Attended at all times: _____ Yes _____ No Dogs on premises: _____ Yes _____ No

Fire alarm: _____ Yes _____ No Burglar alarm: _____ Yes _____ No

Describe: _____ Describe: _____

50c. LOCATION #3: Construction Type: _____

Fire Protection Classification: _____ Total Area: _____ square feet

Is location fenced: _____ Yes _____ No Lighted at night: _____ Yes _____ No

Attended at all times: _____ Yes _____ No Dogs on premises: _____ Yes _____ No

Fire alarm: _____ Yes _____ No Burglar alarm: _____ Yes _____ No

Describe: _____ Describe: _____

50d. LOCATION #4: Construction Type: _____

Fire Protection Classification: _____ Total Area: _____ square feet

Is location fenced: _____ Yes _____ No Lighted at night: _____ Yes _____ No

Attended at all times: _____ Yes _____ No Dogs on premises: _____ Yes _____ No

Fire alarm: _____ Yes _____ No Burglar alarm: _____ Yes _____ No

Describe: _____ Describe: _____

LOCATION INFORMATION (continued)

51. Describe all adjoining or adjacent occupancies and/or vacancies:

52. Describe all unusual or hazardous physical conditions at the property:

ACCOUNT HISTORY

53. Three-year policy history:

<u>COMPANY</u>	<u>EFFECTIVE/EXPIRATION DATES</u>	<u>PREMIUM</u>
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 54. Any prior coverage declined, cancelled, or non-renewed: Yes No

If yes, explain:

55. Four-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, that are not shown on the loss runs included with this submission.

<u>DESCRIPTION</u>	<u>DATE</u>	<u>AMOUNT</u>
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ADDITIONAL INFORMATION

56. Describe the applicant's procedures with respect to customer assistance in loading / unloading a disabled vehicle:

57. Does the applicant have the necessary and proper equipment to load / unload a disabled motorcycle or recreational vehicle:

 Yes No

If yes, describe:

If no, describe procedures followed for effecting the tow or transport of the disabled motorcycle or recreational vehicle:

 58. Has a procedure been established to require a written authorization from private property owners before towing vehicles from their property:

 Yes No

If no, describe what procedures will be implemented to insure compliance with local laws:

COVERAGE / LIMITS REQUESTED

Liability—Garage Operations

Each Accident Limit: \$1,000,000
Aggregate Limit: \$2,000,000

Deductible: ___ \$0 ___ \$1,000

\$_____ **Fire Legal Liability** (\$50,000 included)

Garagekeepers' Coverage

Coverage Option: ___ Legal Liability ___ Direct Primary

Maximum limit per vehicle: \$200,000
Deductible: \$1,000

Location #1—Limit Per Loss: \$ _____

Location #2—Limit Per Loss: \$ _____

Location #3—Limit Per Loss: \$ _____

Location #4—Limit Per Loss: \$ _____

Auto Physical Damage Coverage

Deductible: ___ \$500 ___ \$1,000 ___ \$2,500 ___ \$5,000

Written on a Stated Amount basis. List all vehicles for which coverage is requested on the attached Schedule of Autos.

On-Hook and Cargo Liability

Deductible: ___ \$500 ___ \$1,000 ___ \$2,500 ___ \$5,000

List all vehicles for which coverage is requested on the attached Schedule of Autos.

Contractors' Equipment Coverage

Deductible: \$1,000

List and describe equipment not part of the tow vehicles and indicate desired limits:

Commercial General Liability

Available for premises leased to others. Subject to Company approval.

Occurrence Limit: \$1,000,000
Aggregate Limit: \$2,000,000
Deductible: \$1,000

Describe premises leased to others:

street address

city, state, zip

Describe occupancy of premises leased to others:

Leased Premises Liability—Auto Property Damage

Limit of Liability: \$ _____

Building & Personal Property Coverage

Deductible: \$1,000
Coinsurance: 90%

Location #1—Building Limit: \$ _____

Location #1—Personal Property Limit: \$ _____

Location #1—Walls/Fences/Gates Limit: \$ _____

Location #2—Building Limit: \$ _____

Location #2—Personal Property Limit: \$ _____

Location #2—Walls/Fences/Gates Limit: \$ _____

Location #3—Building Limit: \$ _____

Location #3—Personal Property Limit: \$ _____

Location #3—Walls/Fences/Gates Limit: \$ _____

Location #4—Building Limit: \$ _____

Location #4—Personal Property Limit: \$ _____

Location #4—Walls/Fences/Gates Limit: \$ _____

Additional Interests

Number of additional insureds requested: _____

Does applicant require a mortgagee endorsement: _____ Yes _____ No

UNINSURED MOTORISTS COVERAGE SELECTION/REJECTION

California law permits you to make certain decisions regarding Uninsured Motorists Coverage. This section of the Application provides a general description of that coverage and the options available.

The following is a general description of coverage. However, no coverage is provided by this document. You should read your policy and review your Policy Declarations for complete information on the coverages you are provided.

- A. **UNINSURED MOTORISTS COVERAGE—BODILY INJURY.** The California Insurance Code requires that we provide you with the following information:

“The California Insurance Code requires an insurer to provide uninsured motorists coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Those provisions also permit the insurer and the applicant to delete the coverage completely or to delete the coverage when a motor vehicle is operated by a natural person or persons designated by name. Uninsured motorists coverage insures the insured, his or her heirs, or legal representatives for all sums within the limits established by law, that the person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code.”

“The California Insurance code requires an insurer to provide uninsured motorists coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Those provisions also permit the insurer and the applicant to agree to provide the coverage in an amount less than that required by subdivision (m) of Section 11580.2 of the Insurance Code but not less than the financial responsibility requirements. Uninsured motorists coverage insures the insured, his or her heirs, or legal representatives for all sums within the limits established by law, that the person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code.”

- B. **UNINSURED MOTORISTS COVERAGE—PROPERTY DAMAGE.** Uninsured Motorists Coverage may also include Uninsured Motorists Coverage—Property Damage. This coverage is available only if you have selected Uninsured Motorists Coverage—Bodily Injury.

For autos for which you have purchased Collision Coverage, Uninsured Motorists Coverage—Property Damage pays the Collision Coverage deductible in the event of a collision between a covered auto and an uninsured motorist who is at fault.

For autos for which you have not purchased Collision Coverage, Uninsured Motorists Coverage—Property Damage provides insurance protection to an insured for compensatory damages, up to a maximum of \$3,500, for injury to or destruction of a covered auto caused by an automobile accident, which an insured is legally entitled to recover from the owner or operator of certain types of uninsured motor vehicles.

Please indicate, by marking the appropriate boxes, whether you **SELECT** or **REJECT** Uninsured Motorists Coverage—Bodily Injury:

I **REJECT** Uninsured Motorists Coverage—Bodily Injury.

I **SELECT** Uninsured Motorists Coverage—Bodily Injury at the following limits, which are lower than the limits of liability for bodily injury in my underlying policy of insurance:

\$30,000 per person/\$60,000 per accident \$60,000 per person/\$60,000 per accident

Please indicate, by marking the appropriate box, whether you **SELECT** or **REJECT** Uninsured Motorists Coverage—Property Damage (only available with Uninsured Motorists Coverage—Bodily Injury):

I **REJECT** Uninsured Motorists Coverage—Property Damage.

I **SELECT** Uninsured Motorists Coverage—Property Damage.

SELECTION or REJECTION of Uninsured Motorists Coverage shall apply to, and become part of, any policy issued, and any extension, renewal, or replacement thereof, until I notify Crusader Insurance Company, in writing, of any change.

SCHEDULE OF AUTOS

PLEASE NOTE: All vehicles operating under any motor carrier permit, including vehicles registered as non-operable, **must be included** on this schedule; however, non-operable vehicles will not be offered insurance. Private passenger vehicles are also not eligible for insurance under this program.

Complete all applicable fields. Provide the full vehicle identification number (VIN). Stated Amount should reflect the current market value of the vehicle—do not use cost new unless the vehicle is a new purchase.

Vehicle # 1	Year _____	Make _____	Model _____	VIN _____	
	GVW (lbs.) _____	Stated Amount \$ _____	On-Hook/Cargo Limit \$ _____		
Vehicle # 2	Year _____	Make _____	Model _____	VIN _____	
	GVW (lbs.) _____	Stated Amount \$ _____	On-Hook/Cargo Limit \$ _____		
Vehicle # 3	Year _____	Make _____	Model _____	VIN _____	
	GVW (lbs.) _____	Stated Amount \$ _____	On-Hook/Cargo Limit \$ _____		
Vehicle # 4	Year _____	Make _____	Model _____	VIN _____	
	GVW (lbs.) _____	Stated Amount \$ _____	On-Hook/Cargo Limit \$ _____		
Vehicle # 5	Year _____	Make _____	Model _____	VIN _____	
	GVW (lbs.) _____	Stated Amount \$ _____	On-Hook/Cargo Limit \$ _____		
Vehicle # 6	Year _____	Make _____	Model _____	VIN _____	
	GVW (lbs.) _____	Stated Amount \$ _____	On-Hook/Cargo Limit \$ _____		
Vehicle # 7	Year _____	Make _____	Model _____	VIN _____	
	GVW (lbs.) _____	Stated Amount \$ _____	On-Hook/Cargo Limit \$ _____		
Vehicle # 8	Year _____	Make _____	Model _____	VIN _____	
	GVW (lbs.) _____	Stated Amount \$ _____	On-Hook/Cargo Limit \$ _____		
Vehicle # 9	Year _____	Make _____	Model _____	VIN _____	
	GVW (lbs.) _____	Stated Amount \$ _____	On-Hook/Cargo Limit \$ _____		
Vehicle # 10	Year _____	Make _____	Model _____	VIN _____	
	GVW (lbs.) _____	Stated Amount \$ _____	On-Hook/Cargo Limit \$ _____		
Vehicle # 11	Year _____	Make _____	Model _____	VIN _____	
	GVW (lbs.) _____	Stated Amount \$ _____	On-Hook/Cargo Limit \$ _____		
Vehicle # 12	Year _____	Make _____	Model _____	VIN _____	
	GVW (lbs.) _____	Stated Amount \$ _____	On-Hook/Cargo Limit \$ _____		
Vehicle # 13	Year _____	Make _____	Model _____	VIN _____	
	GVW (lbs.) _____	Stated Amount \$ _____	On-Hook/Cargo Limit \$ _____		
Vehicle # 14	Year _____	Make _____	Model _____	VIN _____	
	GVW (lbs.) _____	Stated Amount \$ _____	On-Hook/Cargo Limit \$ _____		
Vehicle # 15	Year _____	Make _____	Model _____	VIN _____	
	GVW (lbs.) _____	Stated Amount \$ _____	On-Hook/Cargo Limit \$ _____		

If additional space is needed, attach a SCHEDULE OF ADDITIONAL AUTOS.

Is a SCHEDULE OF ADDITIONAL AUTOS attached: ___ Yes ___ No

REQUIRED ATTACHMENTS

- Current MVRs for all employees, drivers, owners, partners, and officers.
- Current financial information for the past 12 months.
- Currently valued loss runs for the applicant (four year minimum). Loss runs that are not currently valued may not be considered credible for purposes of experience rating.
- Brief narrative recapping account history and operations. Include any information that you feel is relevant.
- Detail of any loss exceeding \$25,000 incurred.

- 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 and its attachments contain a description of all exposures and hazards known, by the applicant and by the producer, including a true and complete description of all operations of the applicant. Coverage, if any, is issued in reliance upon the accuracy and completeness of answers in this application. Misrepresentation on the application may void all coverage.
- If a policy is issued, it is agreed that the applicant agrees to promptly implement all loss control requirements as may be determined.
- 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 representative in providing the information contained herein.
- The parties signing this application acknowledge, warrant, and represent that they have read the application in its entirety and understand the content thereof.
- 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_____
Print Name and Title_____
Print Name and Title