



# 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  <b>APARTMENT BUILDING</b> 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. 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 apartment units (including manager's unit): \_\_\_\_\_  
Total annual apartment rental receipts: \$ \_\_\_\_\_  
Number of apartment units currently available, vacant, unoccupied, or not rented: \_\_\_\_\_
7. Any commercial units: \_\_\_\_\_  
If yes, provide the following:
  - a. List number of commercial units by occupancy type: \_\_\_\_\_
  - b. Total square footage of commercial units: \_\_\_\_\_
  - c. Total annual commercial occupancy rental receipts: \$ \_\_\_\_\_
  - d. Number of commercial units currently available, vacant, unoccupied, or not rented: \_\_\_\_\_
8. Year built: \_\_\_\_\_
9. Any wood siding: \_\_\_\_\_
10. Construction type: \_\_\_\_\_  
1=Frame 2=Other
11. Total building area in square feet: \_\_\_\_\_
12. Number of parking spaces: \_\_\_\_\_  
(If unknown, use total parking area divided by 200.)
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. Do units open to common interior hallways: \_\_\_\_\_
18. Fire station within 5 miles: \_\_\_\_\_  
Fire hydrant within 1,000 feet: \_\_\_\_\_
19. Properly functioning fire sprinklers: \_\_\_\_\_  
Properly functioning smoke detectors: \_\_\_\_\_  
Properly functioning carbon monoxide detectors: \_\_\_\_\_
20. Does the building owner/manager live on the premises: \_\_\_\_\_
21. Are dogs allowed on the premises (except service animals while accompanying a person with a disability as provided by the Federal Americans With Disabilities Act [ADA] or the Fair Housing Amendments Act [FHAA]): \_\_\_\_\_
22. Total number of pools, saunas and Jacuzzis: \_\_\_\_\_  
Are all pools, saunas and Jacuzzis fully enclosed by a fence or wall that is at least 5 feet high: \_\_\_\_\_  
1=Yes 2=No 3=N/A
23. Playgrounds or club facilities: \_\_\_\_\_  
If yes, describe: \_\_\_\_\_
24. 4-year policy history (Company/Dates): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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



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

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

If yes, explain:

27. 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

\_\_\_\_\_

\_\_\_\_\_

28. 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:

29. In the past six months, was property bank owned, in receivership, involved in any bankruptcy proceedings or in foreclosure: \_\_\_\_\_

30. 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
		APARTMENT 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  
     \_\_\_% 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 Damag  
 Per Occurrence Sublimit  
 (Subject to Special Multi Peril  
 Liability Aggregate Limit)

\$ \_\_\_\_\_ Personal Injury Liability Insurance  
 Limit Per Person or Organization  
 (Subject to Special Multi Peril  
 Liability Aggregate Limit)

\$0 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

(Continued...)

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

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



**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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