



# 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



	EDITION DATE	PRODUCER
NAME OF APPLICANT, MAILING ADDRESS AND TELEPHONE NUMBER		APPLICANT'S OPERATIONS AND LOCATION/PREMISES
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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  
 Limit Per Person or Organization  
 (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 \_\_\_\_\_

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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:

- 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.
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