



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
		JANITOR 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.

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. Business entity: _____
1=Individual 2=Joint Venture 3=Partnership
4=Corporation 5=Limited Liab. Co. 6=Other</p> <p>2. Completely describe operations:

_____</p> <p>3. List client, duties and contract price for 2 largest contracts during the last 12 months:

_____</p> <p>4. How long has applicant been in this type of business: _____</p> <p>5. How long has applicant owned this business: _____</p> <p>6. Estimated gross receipts for coming 12 months: \$ _____</p> <p>7. Gross receipts for last 12 months: \$ _____</p> <p>8. Annual payroll (include only managers, employees, clerical): \$ _____</p> <p>9. Number of employees (include owners, officers, managers, employees, clerical):
Full time: _____
Part time: _____</p> <p>10. Does the applicant work out of home: _____
(If yes, skip to question 18)</p> <p>11. Total area (in square feet): _____</p> <p>12. Parking area or number of spaces: _____</p> <p>13. Building age: _____ years
Date and extent of remodeling: _____</p> <p>14. Does the building's plumbing system have all copper supply pipes/no galvanized: _____</p> | <p>15. Construction type: _____
1=Frame 2=Other
If other, explain: _____</p> <p>16. Properly functioning fire sprinklers: _____</p> <p>17. Burglar alarm: _____
1=Local 2=Central station 3=None</p> <p>18. Past, present or expected operations include the following (Y or N):
a. Handyman work (i.e., painting, plumbing, repair jobs, etc.): _____
b. Sandblasting, power washing or spraying: _____
c. Work for any accounts while they are open for business (i.e., banks, health clubs, grocery stores, department stores, restaurants, etc.): _____
d. Exterior work over 2 stories: _____
e. Use heavy equipment (i.e., scissorlift, scaffolding, parking lot sweeper, etc.): _____
f. Perform any city, state or federal work (i.e., schools, offices, libraries, etc.): _____
If the answer to any above is yes, explain:

_____</p> <p>19. Number of customers serviced on a regular basis: _____</p> <p>20. Percentage of time spent on floor care (i.e., waxing, mopping, carpet cleaning and dyeing): _____
Explain: _____</p> <p>21. Percentage of work subcontracted: _____
What work is subcontracted: _____

Obtain certificates of insurance from subcontractors: _____
1=Yes 2=No 3=N/A</p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Signature of Producer _____ Date _____

Signature of Applicant _____ Date _____



22. Percentage of residential work: _____
 Percentage of commercial work
 (including apartments and condominiums): _____
23. Percentage of interior work: _____
 Percentage of exterior work: _____
24. 4-year policy history (Company/Pol.#/Dates)

25. 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
26. 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:

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

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

 If yes, explain:

29. Is applicant in receivership or involved in any bankruptcy proceedings:

30. Underwriter's 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



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SECTION I PROPERTY COVERAGE

\$ _____ Building Coverage
 ___% 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
 General Form
 ___% Coinsurance Applies
 \$ _____ Deductible Applies
 Check if Applies:
 ___ Replacement Cost

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

\$ _____ Deductible Applies Per Each Occurrence
 to all Liability Coverages

SECTION III CRIME COVERAGE

\$ _____ Burglary Endorsement
 \$ _____ Deductible Applies

MISCELLANEOUS (Attach addresses)

Number of Additional Insureds: _____

Number of Mortgagees: _____

Number of Lender's Loss Payables: _____

Number of Loss Payables: _____

SECTION II LIABILITY COVERAGE

Special Multi Peril Liability
 Bodily Injury Liability and
 Property Damage Liability
 Combined Single Limit
 \$ _____ Per Occurrence Limit
 \$ _____ Aggregate Limit

\$ _____ Incidental Contractual Liability
 Per Occurrence Sublimit
 (Subject to Special Multi Peril
 Liability Aggregate Limit)

\$ _____ Products and Completed Operations
 Per Occurrence Sublimit
 (Subject to Special Multi Peril
 Liability Aggregate Limit)

\$ _____ Real Property Liability - Fire Damage
 Per Occurrence Sublimit
 (Subject to Special Multi Peril
 Liability Aggregate Limit)

TOTAL ANNUAL PREMIUM FOR THIS APPLICATION:

Signature of Producer _____ Date _____

Signature of Applicant _____ Date _____