



# 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.**

- |  |   |
|--|---|
| <p>1. Business entity: _____<br/>1=Individual 2=Joint Venture 3=Partnership<br/>4=Corporation 5=Limited Liab. Co. 6=Other</p> <p>2. Completely describe operations:<br/>_____<br/>_____<br/>_____</p> <p>3. List client, duties and contract price for 2 largest contracts during the last 12 months:<br/>_____<br/>_____</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):<br/>Full time: _____<br/>Part time: _____</p> <p>10. Does the applicant work out of home: _____<br/>(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<br/>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: _____<br/>1=Frame 2=Other<br/>If other, explain: _____</p> <p>16. Properly functioning fire sprinklers: _____</p> <p>17. Burglar alarm: _____<br/>1=Local 2=Central station 3=None</p> <p>18. Past, present or expected operations include the following (Y or N):<br/>a. Handyman work (i.e., painting, plumbing, repair jobs, etc.): _____<br/>b. Sandblasting, power washing or spraying: _____<br/>c. Work for any accounts while they are open for business (i.e., banks, health clubs, grocery stores, department stores, restaurants, etc.): _____<br/>d. Exterior work over 2 stories: _____<br/>e. Use heavy equipment (i.e., scissorlift, scaffolding, parking lot sweeper, etc.): _____<br/>f. Perform any city, state or federal work (i.e., schools, offices, libraries, etc.): _____<br/>If the answer to any above is yes, explain:<br/>_____<br/>_____<br/>_____</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): _____<br/>Explain: _____</p> <p>21. Percentage of work subcontracted: _____<br/>What work is subcontracted: _____<br/>_____<br/>_____</p> <p>Obtain certificates of insurance from subcontractors: _____<br/>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