



# 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>LIQUOR STORE/MARKET/CONVENIENCE STORE</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. 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 food sales: \_\_\_\_\_  
Total annual alcohol sales: \_\_\_\_\_  
Total annual gas sales: \_\_\_\_\_  
Total annual other sales: \_\_\_\_\_  
Explain: \_\_\_\_\_
8. Total area: \_\_\_\_\_ square feet
9. Total customer area: \_\_\_\_\_ square feet
9. Parking area or number of spaces: \_\_\_\_\_
10. Building age: \_\_\_\_\_ years  
Date and extent of remodeling: \_\_\_\_\_
11. Does the building's plumbing system have all copper supply pipes/no galvanized: \_\_\_\_\_
12. Any remodeling, renovation or construction work to be performed during the policy period: \_\_\_\_\_  
If yes, explain: \_\_\_\_\_

13. Building class: 1=Frame 2=Other \_\_\_\_\_  
If other, explain: \_\_\_\_\_
14. Plate glass (linear feet): \_\_\_\_\_
15. Properly functioning fire sprinklers: \_\_\_\_\_
16. Burglar alarm: \_\_\_\_\_  
1=Local 2=Central station 3=None
17. Does applicant maintain membership in any trade group(s) or association(s) related to the grocery store industry: \_\_\_\_\_  
If yes, list name(s): \_\_\_\_\_
18. Any direct importing: \_\_\_\_\_  
If yes, describe: \_\_\_\_\_
19. Any rental operations: \_\_\_\_\_  
If yes, describe: \_\_\_\_\_
20. Any pick-up or delivery service: \_\_\_\_\_  
If yes, describe: \_\_\_\_\_
21. Any catering: \_\_\_\_\_  
If yes, describe: \_\_\_\_\_
22. Any liquor violations/citations in the past three years: \_\_\_\_\_  
If yes, describe: \_\_\_\_\_
23. Sale of any items under the applicant's own label: \_\_\_\_\_  
If yes, describe: \_\_\_\_\_
24. Manufacturing of any items for sale: \_\_\_\_\_  
If yes, describe: \_\_\_\_\_
25. Any consumption of alcohol on the premises: \_\_\_\_\_  
If yes, describe: \_\_\_\_\_
26. Cooking facilities: \_\_\_\_\_  
If yes, describe: \_\_\_\_\_
27. Automatic fire suppression equipment over cooking surfaces and exhaust flues: \_\_\_\_\_  
1=Yes 2=No 3=N/A

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

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



28. How often are flues cleaned by a professional service:  
\_\_\_\_\_
29. 4-year policy history (Company/Pol.#/Dates)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
30. 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  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
31. 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:  
\_\_\_\_\_
32. Is the subject risk currently insured for both Property and Liability:  
\_\_\_\_\_
33. Any prior coverage declined, cancelled, or non-renewed in the past 3 years:  
\_\_\_\_\_
- If yes, explain:  
\_\_\_\_\_
34. Is applicant in receivership or involved in any bankruptcy proceedings:  
\_\_\_\_\_
35. 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



	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  
     \_\_\_ Special Form Excl. Theft  
     \_\_\_ Replacement Cost

\$ \_\_\_\_\_ Off Premises Power Interruption

\$ \_\_\_\_\_ Refrigeration Equipment

    Loss of Earnings Endorsement  
 \$ \_\_\_\_\_ Each Thirty Days  
 \$ \_\_\_\_\_ Aggregate Limit

\$ \_\_\_\_\_ Loss of Rents Endorsement  
     60% Contribution Applies

\$ \_\_\_\_\_ Accounts Receivable Endorsement

\$ \_\_\_\_\_ Valuable Papers and Records Endorsement

\$ \_\_\_\_\_ 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**

    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)

    Employer's Non-ownership  
     Automobile Liability Ins. Endorsement  
 \$ \_\_\_\_\_ Per Occurrence Limit  
     (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)

    Liquor Liability Coverage  
 \$ \_\_\_\_\_ Per Occurrence Limit  
 \$ \_\_\_\_\_ Aggregate Limit

    \$0 Property Damage Deductible Applies  
     Per Each Occurrence  
     to all Liability Coverages

(Continued...)

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



**SECTION III CRIME COVERAGE**

\$ \_\_\_\_\_ Burglary Endorsement  
\$500 Deductible Applies

\$ \_\_\_\_\_ Robbery (Inside/Outside)  
\$100 Deductible Applies  
Inside Cash Limit of \$500 Applies

\$ \_\_\_\_\_ Safe Burglary  
\$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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