



# CRUSADER Insurance Company

# APPLICATION

© Copyright 2015 Unico American Corporation

QUOTATION 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
<p style="text-align: right;">BAR OR TAVERN <span style="float: right;">State: CA</span></p> <p style="text-align: center;">10-08 P/A 085 RT 038 20170731</p>		

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. Type of establishment: \_\_\_\_\_  
\_\_\_\_\_
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. Does the applicant lease or sublease space to others: \_\_\_\_\_  
If yes, describe occupancies and related square footage: \_\_\_\_\_  
\_\_\_\_\_
7. Total annual sales by category:  
Food Sales: \$ \_\_\_\_\_  
Alcohol Sales: \$ \_\_\_\_\_  
Cover Charge Sales: \$ \_\_\_\_\_  
Net Gambling Sales: \$ \_\_\_\_\_  
Catering Sales: \$ \_\_\_\_\_  
Other Sales: \$ \_\_\_\_\_  
Describe Other Sales: \_\_\_\_\_
8. Total area in square feet: \_\_\_\_\_  
(Include patio area/exclude common area.)
9. Parking area or number of spaces: \_\_\_\_\_
10. Year built: \_\_\_\_\_
11. Construction type: 1=Frame 2=Other
12. Any building improvements: \_\_\_\_\_  
If yes, enter year improvement completed:  
Electrical: \_\_\_\_\_ Plumbing: \_\_\_\_\_  
Heating: \_\_\_\_\_ Roofing: \_\_\_\_\_  
Other: \_\_\_\_\_  
Describe Other: \_\_\_\_\_

13. Does the building's plumbing system have all copper supply pipes/no galvanized: \_\_\_\_\_
14. Any remodeling, renovation or construction work to be performed during the policy period: \_\_\_\_\_  
If yes, explain: \_\_\_\_\_
15. Number of floors: \_\_\_\_\_
16. Properly functioning fire sprinklers: \_\_\_\_\_
17. Burglar alarm: \_\_\_\_\_  
1=Local 2=Central station 3=None
18. Distilling or microbrewing: \_\_\_\_\_  
If yes, indicate number of barrels produced annually: \_\_\_\_\_
19. Wholesale producing or distributing: \_\_\_\_\_
20. Dancing: \_\_\_\_\_
21. Number of pool tables: \_\_\_\_\_
22. Describe all other entertainment: \_\_\_\_\_  
\_\_\_\_\_
23. Sponsor or provide any athletic activities: \_\_\_\_\_  
If yes, explain: \_\_\_\_\_
24. Participate in or host outside events: \_\_\_\_\_  
If yes, explain: \_\_\_\_\_
25. Sponsor or provide activities with customer participation: \_\_\_\_\_  
If yes, explain: \_\_\_\_\_
26. Seating capacity: \_\_\_\_\_
27. Maximum number of people working at any one time: \_\_\_\_\_
28. Describe security personnel: \_\_\_\_\_  
Are any security personnel independently contracted: \_\_\_\_\_  
1=Yes 2=No 3=N/A
29. Liquor violations/citations in the past three years: \_\_\_\_\_  
1=Yes 2=No 3=N/A  
If yes, explain: \_\_\_\_\_
30. Valet parking: \_\_\_\_\_  
Is valet parking service independently contracted: \_\_\_\_\_  
1=Yes 2=No 3=N/A

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

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



QUOTATION NUMBER

31. Deliveries: \_\_\_\_\_  
If yes, explain: \_\_\_\_\_
32. Cooking facilities: \_\_\_\_\_  
If yes, describe: \_\_\_\_\_
33. Automatic fire suppression equipment over cooking surfaces and exhaust flues: \_\_\_\_\_  
1=Yes 2=NO 3=N/A
34. Are flues cleaned by a professional service at least every 6 months: \_\_\_\_\_  
1=Yes 2=No 3=N/A
35. Days of operation: \_\_\_\_\_  
Business hours: \_\_\_\_\_
36. 4-year policy history (Company/Dates): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
37. Is the subject risk currently insured for both Property and Liability: \_\_\_\_\_
38. Any prior coverage declined, cancelled, or non-renewed in the past 3 years: \_\_\_\_\_  
If yes, explain: \_\_\_\_\_
39. Loss history for the past 4 years (include claims reported and unreported, and known occurrences that may result in claims):  
Description      Date      Amount      Open/Closed  
\_\_\_\_\_  
\_\_\_\_\_
40. 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: \_\_\_\_\_
41. Is the applicant in receivership or involved in any bankruptcy proceedings: \_\_\_\_\_  
\_\_\_\_\_

42. 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
		<p align="center"><b>BAR OR TAVERN</b> <span style="float:right"><b>State:CA</b></span></p> <p align="center">10-08 P/A 085 RT 038 20170731</p>

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.

**SECTION I PROPERTY COVERAGE**

\$ \_\_\_\_\_ Building Coverage  
     \_\_\_ % Coinsurance Applies  
     \$ \_\_\_\_\_ Deductible Applies  
     Check All That Apply:  
         \_\_\_ General Form  
         \_\_\_ Optional Perils  
         \_\_\_ Special Form  
         \_\_\_ 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 up to \$1,000,000  
     \_\_\_ Limit of \$ \_\_\_\_\_ Subject to \_\_\_\_\_ % Coinsurance  
     \_\_\_ Limit of \$ \_\_\_\_\_ Subject to 1/\_\_\_\_\_ Monthly Limit of Indemnity  
 Check All That Apply:  
     \_\_\_ Extra Expense  
     \_\_\_ Off Premises Svcs. - Time Element

\$ \_\_\_\_\_ Food Spoilage Coverage  
     \_\_\_ % Coinsurance Applies  
     \$ \_\_\_\_\_ Deductible Applies

\$ \_\_\_\_\_ Bailee's Coverage  
     \$ \_\_\_\_\_ Deductible Applies

\$ \_\_\_\_\_ Accounts Receivable Endorsement  
     \$ \_\_\_\_\_ Deductible Applies  
     \_\_\_ % 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 Applies:  
     \_\_\_ Premier Property Package  
     \_\_\_ Endorsement  
     \_\_\_ Equipment Breakdown

**SECTION II LIABILITY COVERAGE**

Special Multi Peril Liability  
 Bodily Injury Liability and  
 Property Damage Liability  
 Combined Single Limit  
 Check All That Apply:  
     \_\_\_ Hired & Nonowned Auto  
     \_\_\_ Assault or Battery Exclusion

\$ \_\_\_\_\_ 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  
 \$ \_\_\_\_\_ Aggregate Limit

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

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

(Continued...)

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

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



QUOTATION NUMBER

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

\$ \_\_\_\_\_ 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

**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.
- 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