



# CRUSADER Insurance Company

# APPLICATION

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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
		<b>GASOLINE STATION</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. Applicant's business entity: \_\_\_\_\_  
1=Individual 2=Joint Venture 3=Partnership  
4=Corporation 5=Limited Liability Company  
6=Trust 7=Other
2. Describe operations:  
\_\_\_\_\_  
\_\_\_\_\_
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 gross sales by category (round to nearest \$1,000):  
Gasoline/diesel/LPG: \$ \_\_\_\_\_  
Grocery store/market (alcohol): \$ \_\_\_\_\_  
Grocery store/market (other): \$ \_\_\_\_\_  
Automated car wash: \$ \_\_\_\_\_  
Full-serve car wash: \$ \_\_\_\_\_  
Restaurant: \$ \_\_\_\_\_  
Tire sales/service: \$ \_\_\_\_\_  
Brake work: \$ \_\_\_\_\_  
Quick lubrication/oil changes: \$ \_\_\_\_\_  
Other repair work: \$ \_\_\_\_\_  
Bodywork: \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_  
Describe Other: \_\_\_\_\_
8. Number of FULL-TIME workers:  
(Include each active owner/officer/partner/manager as one full-time worker.)  
Cashiers/gas pump attendants: \_\_\_\_\_  
Car wash personnel: \_\_\_\_\_  
Mechanics/auto repair personnel: \_\_\_\_\_  
Other personnel: \_\_\_\_\_  
Describe other personnel: \_\_\_\_\_
9. Number of PART-TIME workers:  
Cashiers/gas pump attendants: \_\_\_\_\_  
Car wash personnel: \_\_\_\_\_  
Mechanics/auto repair personnel: \_\_\_\_\_  
Other personnel: \_\_\_\_\_  
Describe other personnel: \_\_\_\_\_
10. Annual gallons of gasoline sold: \_\_\_\_\_  
Annual gallons of LPG sold: \_\_\_\_\_
11. Total area: \_\_\_\_\_ square feet  
Restaurant/grocery store/market total area: \_\_\_\_\_ square feet  
Restaurant/grocery store/market customer area: \_\_\_\_\_ square feet  
Car wash area: \_\_\_\_\_ square feet
12. Year built: \_\_\_\_\_
13. Construction type: \_\_\_\_\_  
1=Frame 2=Other
14. Any building improvements: \_\_\_\_\_  
If yes, enter year improvement completed:  
Electrical: \_\_\_\_\_ Plumbing: \_\_\_\_\_  
Heating: \_\_\_\_\_ Roofing: \_\_\_\_\_  
Other: \_\_\_\_\_  
Describe Other: \_\_\_\_\_
15. Does the building's plumbing system have all copper supply pipes/no galvanized: \_\_\_\_\_
16. Any remodeling, renovation or construction work to be performed during the policy period: \_\_\_\_\_  
If yes, explain: \_\_\_\_\_
17. Fire station within 5 miles: \_\_\_\_\_  
Fire hydrant within 1,000 feet: \_\_\_\_\_
18. Building fully protected by automatic sprinkler system: \_\_\_\_\_
19. Burglar alarm: \_\_\_\_\_  
1=Local 2=Central station 3=None
20. Any underground gasoline or diesel fuel storage tanks exceeding 20 years in age: \_\_\_\_\_
21. Number of automated car wash tunnels: \_\_\_\_\_
22. Number of vehicles kept overnight: \_\_\_\_\_  
During non-business hours, are all vehicles stored in the building or in a fenced lot:  
1=Yes 2=No 3=N/A
23. Current and valid licenses as required by law: \_\_\_\_\_
24. Any towing operations: \_\_\_\_\_

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

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



- |  |  |
|--|--|
| <p>25. Sell used or salvaged parts: _____<br/>If yes, are parts rebuilt by someone other than the applicant: _____<br/>1=Yes 2=No 3=N/A</p> <p>26. Rent, lease, or loan vehicles or equipment to others: _____</p> <p>27. Offer "Rent-A-Bay" or other self-serve facilities: _____</p> <p>28. Perform mechanical repairs/service on large commercial trucks, buses, motor homes, trailers, tractors, motorcycles, watercraft or other recreational vehicles: _____</p> <p>29. Perform mechanical repairs/service on performance vehicles or vehicles used for racing or stunting: _____</p> <p>30. Sponsor performance vehicles or vehicles used for racing or stunting: _____</p> <p>31. Perform mechanical repairs/service on high value or exotic cars: _____</p> <p>32. Perform dismantling/wrecking/salvaging: _____</p> <p>33. Sell new or used cars: _____</p> <p>34. Sell motorcycles, recreational vehicles, or mobile equipment: _____</p> <p>35. Perform mobile repair work: _____</p> <p>36. Manufacture any components or parts: _____<br/>Contract with others to manufacture components or parts for use or sale: _____</p> <p>37. Perform recapping or retreading of tires: _____<br/>Sell recapped or retreaded tires: _____</p> <p>38. Any consumption of alcohol on the premises: _____<br/>If yes, describe: _____</p> <p>39. Any liquor violations/citations in the past 3 years: _____<br/>If yes, explain: _____</p> <p>40. Automatic fire suppression equipment over cooking surfaces and exhaust flues: _____<br/>1=Yes 2=No 3=N/A</p> <p>41. Are flues cleaned by a professional service at least every 6 months: _____<br/>1=Yes 2=No 3=N/A</p> | <p>42. Days of operation: _____<br/>Business hours: _____</p> <p>43. 4-year policy history (Company/Dates): _____<br/>_____<br/>_____</p> <p>44. Is the subject risk currently insured for both Property and Liability: _____</p> <p>45. Any prior coverage declined, cancelled, or non-renewed in the past 3 years: _____<br/>If yes, explain: _____</p> <p>46. Loss history for the past 4 years (include claims reported and unreported, and known occurrences that may result in claims):<br/>Description      Date      Amount      Open/Closed<br/>_____<br/>_____<br/>_____</p> <p>47. 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: _____<br/>If yes, describe: _____</p> <p>48. Is the applicant in receivership or involved in any bankruptcy proceedings: _____</p> <p>49. Comments: _____<br/><b><u>Acceptable Motor Vehicle Records required.</u></b><br/>_____<br/>_____</p> |
|--|--|

- 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
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### SECTION I PROPERTY COVERAGE

Building and Personal Property Coverage

\_\_\_\_\_% Coinsurance Applies

\$\_\_\_\_\_ Deductible Applies

Indicate Covered Causes of Loss:

- Basic  
 Special -Including Theft  
 Special -Excluding Theft

 \$\_\_\_\_\_ Building Coverage  
 (include pumps & canopies)

Check All That Apply:

- Replacement Cost  
 Agreed Value  
 Inflation Guard: \_\_\_\_\_%  
 Ordinance or Law Coverage A

\$\_\_\_\_\_ Ordinance or Law Coverage B

\$\_\_\_\_\_ Ordinance or Law Coverage C

 \$\_\_\_\_\_ Business Personal Property Coverage  
 (include hoses, nozzles, and gas in ground)

Sublimits:

- \$\_\_\_\_\_ Theft of Tobacco Products  
 \$\_\_\_\_\_ Gas in Ground

Check if Applies:

- Replacement Cost

Business Income Coverage

Select One:

- Actual Loss Sustained up to  
 \$1,000,000 Subject to \_\_\_\_\_ Months  
 Period of Restoration  
 Limit of \$\_\_\_\_\_ Subject to  
 \_\_\_\_\_% Coinsurance  
 Limit of \$\_\_\_\_\_ Subject to  
 1/\_\_\_\_ Monthly Limit of Indemnity

Check All That Apply:

- Extra Expense  
 Off-Premises Services-Time Element  
 Limit of \$\_\_\_\_\_

\$\_\_\_\_\_ Employees' Tools

Loss or Damage to Customers' Autos

Select One:

- Legal Liability Coverage  
 Direct Primary Coverage

\$\_\_\_\_\_ Any One Auto

\$\_\_\_\_\_ Any One Event

 \$\_\_\_\_\_ Theft/Mischief/Vandalism  
 Deductible Applies Per Auto

 \$\_\_\_\_\_ Theft/Mischief/Vandalism  
 Deductible Applies Per Event

 \$\_\_\_\_\_ Collision Deductible Applies Per  
 Event

\$\_\_\_\_\_ Spoilage Coverage

\$\_\_\_\_\_ Accounts Receivable Coverage

\$\_\_\_\_\_ Valuable Papers and Records Coverage

\$\_\_\_\_\_ Outside Signs Coverage

\$\_\_\_\_\_ Glass Coverage

\$\_\_\_\_\_ Deductible Applies

 Money and Securities Coverage-Robbery and  
 Safe Burglary

\$\_\_\_\_\_ Inside the Premises/Outside the Premises

Check if Applicable:

- Premier Property Package  
 Premier Plus Property Package

Signature of Producer

Date

Signature of Applicant

Date

## SECTION II LIABILITY COVERAGE

Commercial General Liability Coverage \$ _____ General Aggregate Limit \$ _____ Products-Completed Operations Aggregate Limit	Coverage B. Personal and Advertising Injury Liability \$ _____ Personal and Advertising Injury Limit  Liquor Liability Coverage \$ _____ Aggregate Limit \$ _____ Each Common Cause Limit
Coverage A. Bodily Injury and Property Damage Liability Coverage Check if Applies: ___ Hired and Non-Owned Auto Liability \$ _____ Per Occurrence Limit \$ _____ Products-Completed Operations Per Occurrence Sublimit \$ _____ Fire Damage Limit \$ _____ Leased Premises Liability Coverage - Auto Property Damage Per Occurrence Limit \$ _____ Deductible Applies Per Occurrence to Property Damage Liability Coverage	

Anticipated Effective Date Requested: \_\_\_\_\_

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



QUOTATION NUMBER

### ADDITIONAL INTEREST INFORMATION

Names and Addresses (not required for quoting):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### ADDITIONAL INFORMATION

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

**Submit**