



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
<p style="text-align: center;">LIQUOR STORE/MARKET/CONVENIENCE STORE State: CA</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: _____
Alcohol Sales: _____
Grocery/Beverage Sales (excluding alcohol): _____
Restaurant Sales: _____
Gasoline Sales: _____
Other Sales: _____
Describe Other Sales: _____
8. Total area in square feet: _____
Total customer area in square feet: _____
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. Fire station within 5 miles: _____
Fire hydrant within 1,000 feet: _____
16. Properly functioning fire sprinklers: _____
17. Burglar alarm: _____
1=Local 2=Central station 3=None
18. Does applicant maintain membership in any trade groups or associations related to the grocery store industry: _____
If yes, list name(s): _____
19. Does applicant perform any of the following:
Direct importing: _____
Rental operations: _____
Catering: _____
Pick-up or delivery service: _____
Sale of items under applicant's own label: _____
Manufacturing of any items for sale: _____
If the answer to any above is yes, explain: _____
20. Any consumption of alcohol on the premises: _____
If yes, describe: _____
21. Any liquor violations/citations in the past three years: _____
If yes, explain: _____
22. Licensed for wine and beer only: _____
Licensed for liquor, wine, and beer: _____
23. Cooking facilities: _____
If yes, describe: _____
24. Automatic fire suppression equipment over cooking surfaces and exhaust flues: _____
1=Yes 2=No 3=N/A
25. Are flues cleaned by a professional service at least every 6 months: _____
1=Yes 2=No 3=N/A

Signature of Producer _____ Date _____

Signature of Applicant _____ Date _____



26. Days of operation:
Business hours: _____
27. 4-year policy history (Company/Dates):

28. Is the subject risk currently insured for both Property and Liability: _____
29. Any prior coverage declined, cancelled, or non-renewed in the past 3 years:

If yes, explain: _____
30. 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 |
|-------------|-------|--------|-------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
31. 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: _____
32. Is the applicant in receivership or involved in any bankruptcy proceedings: _____
33. 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 and Personal Property
90% Coinsurance Applies
\$ _____ Deductible Applies
Indicate Causes of Loss:
___ Basic Form
___ Special Form

\$ _____ Building Coverage
Check All That Apply:
___ Replacement Cost
___ Agreed Value
___ Inflation Guard: _____ %
___ Ordinance or Law Cov. A

\$ _____ Ordinance or Law Coverage B

\$ _____ Ordinance or Law Coverage C

\$ _____ Business Personal Property Coverage
Special Form Only:
Subject to \$ _____ Sublimit for Theft
of Tobacco Products
Check if Applies:
___ Replacement Cost

\$ _____ Business Income (Without Extra Expense)
(Enter Limit OR check here ___ for
Actual Loss Sustained up to \$1,000,000)
\$1,000 Deductible Applies

\$ _____ Business Income (With Extra Expense)
(Enter Limit OR check here ___ for
Actual Loss Sustained up to \$1,000,000)
\$1,000 Deductible Applies

\$ _____ Accounts Receivable Coverage
\$ _____ Deductible Applies

\$ _____ Valuable Papers and Records Coverage
\$ _____ Deductible Applies

\$ _____ Outside Signs Coverage
\$ _____ Deductible Applies

\$ _____ Spoilage Coverage
\$ _____ Deductible Applies

\$ _____ Glass Coverage
\$ _____ Deductible Applies
Check if Applies:
___ Premier Property Package
___ Endorsement

SECTION II LIABILITY COVERAGE

Commercial General Liability Coverage
Check if Applies:
___ Hired & Nonowned Auto
\$ _____ General Aggregate Limit
\$ _____ Products-Completed Operations Aggregate
Limit

Coverage A. Bodily Injury and Property
Damage Liability Coverage
\$ _____ Per Occurrence Limit
\$ _____ Products-Completed Operations Per
Occurrence Limit
\$ _____ Fire Damage Limit (Any One Fire)
\$ _____ Leased Premises Liability Coverage -
Auto Property Damage Per Occurrence
Limit

Coverage B. Personal and Advertising
Injury Liability
\$ _____ Personal and Advertising Injury Limit
(Any One Person or Organization)

Liquor Liability Coverage
\$ _____ Aggregate Limit
\$ _____ Each Common Cause Limit
\$ _____ Deductible Applies Per Claim Under
Bodily Injury Liability and Property
Damage Liability Coverage Combined

(Continued...)

Signature of Producer _____ Date _____

Signature of Applicant _____ Date _____



QUOTATION NUMBER

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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