



CRUSADER Insurance Company

APPLICATION

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26050 Mureau Road, Calabasas, CA 91302-3171 (818) 591-9800 FAX: (818) 591-9856

QUOTATION NUMBER
TBD

DATE PREPARED

01/10/17

PRODUCER

Producer Number: _____

NAME OF APPLICANT, MAILING ADDRESS AND TELEPHONE NUMBER

APPLICANT'S OPERATIONS AND MAIN LOCATION/PREMISES

TRUCKING OPERATIONS
28-56 PDF VER C

State:WA

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(s)/Premises unless otherwise indicated. The term "vehicles" includes trailers and non-operational vehicles. Attach additional pages if more space is needed to provide complete answers.

- Business entity: _____
1=Individual 2=Joint venture 3=Partnership
4=Corporation 5=Limited Liab. Co. 6=Other
- Completely describe the operations at each location:

- How many years has applicant been in business: _____
- How many years of experience does applicant have in the transportation industry: _____
- Total annual gross receipts (past 3 years):
Year Receipts

- Does applicant operate as:
A contract carrier: _____
A common carrier: _____
If other, describe: _____
- What percentage of the operation is:
400 miles or less: _____%
Over 400 miles: _____%
- California Motor Carrier Permit Number: _____
- Operating Authority (USDOT/MC Number): _____
- Indicate required filings:
MCS-90 _____ Form E _____
DMV-65 _____ Other (describe): _____
- Does applicant use subhaulers: _____
- Indicate whether each of the following practices is used in driver selection:
Motor Vehicle Record Check _____
Written Application _____
Reference Check _____
Employment Verification _____
Road Test _____ Drug Test _____
Physical Examination _____
Other (describe): _____

- Are motor vehicle records reordered and evaluated on at least an annual basis: _____
- Describe acceptability requirements for hiring drivers:

- Are all drivers covered by workers' compensation insurance: _____
If yes, provide name of insurer: _____
If no, explain: _____
- Where do drivers sleep when on a trip:
1=Hotel/Motel 2=Truck Cab 3=Other
- Does applicant pull double or triple trailers: _____
- Does applicant pull oversized/overweight loads: _____
If yes, are pilot cars used: _____
- Does applicant use any trailers not marked with reflectors or fluorescent tape: _____
- Will applicant's equipment or vehicles be loaned or rented to others: _____
- Does applicant always conduct pre-trip inspections: _____
- Are any vehicles customized or altered, or do they have special equipment: _____
- Are any trailers equipped with refrigeration systems: _____
- Are passengers allowed to ride in vehicles: _____
- Does applicant haul any commodity considered hazardous by the EPA and/or the DOT: _____
- Does applicant have the authority to haul any commodity considered hazardous by the EPA and/or the DOT: _____
- Are any owned, operated, or leased vehicles not included for coverage under this Application: _____
- List each commodity hauled, including average load value, maximum load value, and percent of loads:
Commodity Avg. Val. Max. Val. %

Signature of Producer

Date

Signature of Applicant

Date



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29. Does applicant operate under an intermodal or trailer interchange agreement: _____

30. Do applicant's contracts require the hauling of bulk liquids: _____

31. Are vehicles left loaded overnight: _____
If yes, explain: _____

32. How many vehicles have alarm systems: _____
If any, explain: _____

33. What steps are taken to secure unoccupied vehicles: _____

34. Does applicant operate from a commercial location: _____
If yes, provide the following:
a. Are vehicles stored within a fenced perimeter:
Location 1: _____ 2: _____ 3: _____
b. Are vehicle lots illuminated at night:
Location 1: _____ 2: _____ 3: _____
c. Are dogs kept on vehicle lots:
Location 1: _____ 2: _____ 3: _____
d. Building total area (list separately for each location):

e. Fire alarm:
1=Local 2=Central station 3=None
Location 1: _____ 2: _____ 3: _____
f. Burglar alarm:
1=Local 2=Central station 3=None
Location 1: _____ 2: _____ 3: _____
g. Building construction type:
1=Frame 2=Joisted Masonry 3=Other
Location 1: _____ 2: _____ 3: _____
If other, describe: _____

35. Previous insurance for the past 3 years:
Company Policy # Eff./Exp. Dates

36. Years of continuous primary liability insurance under applicant's name: _____

37. Years of continuous cargo liability insurance under applicant's name: _____

38. Was applicant insured under another company's fleet policy at any time during the past 3 years: _____
If yes, provide the following:
a. Name or Operating Authority (USDOT/MC #) of company named on fleet policy: _____
b. Dates insured under fleet policy: _____
c. Did fleet policy provide cargo liability insurance: _____
d. Total number of owned tractor units insured under a fleet policy during the past 3 years (excluding those that are currently owned): _____
e. Maximum number of tractor units operated under a fleet policy at any one time during the past 3 years: _____

39. Any prior coverage declined, cancelled, or non-renewed in the past 3 years: _____
If yes, explain: _____

40. 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

41. Describe all unusual operations or business practices not customary to this type of business: _____

42. Does applicant own any other income property or business: _____

43. 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. Producers do not have binding authority.
- This application contains a description of all exposures and hazards known, by the applicant and the producer, including a true description of all operations of the applicant.
- It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.
- If a policy is issued, the applicant agrees to promptly implement all reasonable loss control requirements as may be determined.
- 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. The producer 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

SCHEDULE OF LOCATIONS

List all locations where the applicant conducts garage operations. List the applicant's main business address as Location 1.

LOCATION 1: _____
 street address city, state, zip

LOCATION 2: _____
 street address city, state, zip

LOCATION 3: _____
 street address city, state, zip

SCHEDULE OF EMPLOYEES, DRIVERS, OWNERS, PARTNERS, AND OFFICERS

List name, date of birth, driver license number, and driver license state for each employee, driver, owner, partner, and officer.

<u>Name</u>	<u>Date of Birth</u>	<u>DL Number</u>	<u>DL State</u>	<u>*Major Violations Past 5 yrs</u>	<u>**Accidents Past 4 yrs</u>
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____	_____
11. _____	_____	_____	_____	_____	_____
12. _____	_____	_____	_____	_____	_____
13. _____	_____	_____	_____	_____	_____
14. _____	_____	_____	_____	_____	_____
15. _____	_____	_____	_____	_____	_____

*Major violations include: All alcohol and drug-related offenses; leaving the scene of an accident; reckless or negligent driving or racing; driving while license suspended, revoked or cancelled; committing a felony involving use of a vehicle, causing a fatality through negligent operation of a vehicle; driving on the wrong side of a highway; driving 20 miles per hour or more over the posted speed limit or 85 miles per hour in a commercial motor vehicle; driving over 100 miles per hour; other similarly serious violations.

**Accidents include: "At-fault" and "non-fault" accidents. All accidents are considered "at-fault" unless we receive information from you or another source that proves the accident was not "at-fault."

SCHEDULE OF CONTRACTORS' EQUIPMENT

List and describe equipment not part of the vehicles and indicate desired limits.

<u>Limit</u>	<u>Description</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Signature of Producer Date

Signature of Applicant Date

SCHEDULE OF COVERED AUTOS

PLEASE NOTE: All vehicles operating under the applicant's USDOT Number/Interstate Operating Authority, including non-operational vehicles, **must be included** on this schedule. If a vehicle is removed from non-operational status during the policy term, you must notify us immediately. Non-operational vehicles are not eligible for coverage under this program.

If a policy is issued, coverage will only apply to scheduled vehicles. Government regulations require the applicant to maintain liability insurance for all vehicles operating under its USDOT Number/Interstate Operating Authority. Please review this schedule carefully; by not scheduling all applicable vehicles, the applicant might be assuming liability in the event of a claim

Provide all information requested. The **Stated Amount** should reflect the current market value of the vehicle. Do not use cost new unless the vehicle is a new purchase.

Commercial Auto Liability Limit Desired: \$750,000 \$1,000,000

Year	Make & Model	Vehicle Identification Number	Check if Non-Operational	Gross Vehicle Weight (lbs.)	Stated Amount	Physical Damage Deductible
1.	_____	_____	<input type="checkbox"/>	_____	_____	1,000
2.	_____	_____	<input type="checkbox"/>	_____	_____	1,000
3.	_____	_____	<input type="checkbox"/>	_____	_____	1,000
4.	_____	_____	<input type="checkbox"/>	_____	_____	1,000
5.	_____	_____	<input type="checkbox"/>	_____	_____	1,000
6.	_____	_____	<input type="checkbox"/>	_____	_____	1,000
7.	_____	_____	<input type="checkbox"/>	_____	_____	1,000
8.	_____	_____	<input type="checkbox"/>	_____	_____	1,000
9.	_____	_____	<input type="checkbox"/>	_____	_____	1,000
10.	_____	_____	<input type="checkbox"/>	_____	_____	1,000
11.	_____	_____	<input type="checkbox"/>	_____	_____	1,000
12.	_____	_____	<input type="checkbox"/>	_____	_____	1,000
13.	_____	_____	<input type="checkbox"/>	_____	_____	1,000
14.	_____	_____	<input type="checkbox"/>	_____	_____	1,000
15.	_____	_____	<input type="checkbox"/>	_____	_____	1,000
16.	_____	_____	<input type="checkbox"/>	_____	_____	1,000
17.	_____	_____	<input type="checkbox"/>	_____	_____	1,000
18.	_____	_____	<input type="checkbox"/>	_____	_____	1,000
19.	_____	_____	<input type="checkbox"/>	_____	_____	1,000
20.	_____	_____	<input type="checkbox"/>	_____	_____	1,000

Signature of Producer _____ Date _____

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SCHEDULE OF COVERED AUTOS (continued)

PLEASE NOTE: All vehicles operating under the applicant's USDOT Number/Interstate Operating Authority, including non-operational vehicles, **must be included** on this schedule. If a vehicle is removed from non-operational status during the policy term, you must notify us immediately. Non-operational vehicles are not eligible for coverage under this program.

If a policy is issued, coverage will only apply to scheduled vehicles. Government regulations require the applicant to maintain liability insurance for all vehicles operating under its USDOT Number/Interstate Operating Authority. Please review this schedule carefully; by not scheduling all applicable vehicles, the applicant might be assuming liability in the event of a claim

Provide all information requested. The **Stated Amount** should reflect the current market value of the vehicle. Do not use cost new unless the vehicle is a new purchase.

<u>Year</u>	<u>Make & Model</u>	<u>Vehicle Identification Number</u>	<u>Check if Non-Operational</u>	<u>Gross Vehicle Weight (lbs.)</u>	<u>Stated Amount</u>	<u>Physical Damage Deductible</u>
21.			<input type="checkbox"/>			1,000
22.			<input type="checkbox"/>			1,000
23.			<input type="checkbox"/>			1,000
24.			<input type="checkbox"/>			1,000
25.			<input type="checkbox"/>			1,000
26.			<input type="checkbox"/>			1,000
27.			<input type="checkbox"/>			1,000
28.			<input type="checkbox"/>			1,000
29.			<input type="checkbox"/>			1,000
30.			<input type="checkbox"/>			1,000
31.			<input type="checkbox"/>			1,000
32.			<input type="checkbox"/>			1,000
33.			<input type="checkbox"/>			1,000
34.			<input type="checkbox"/>			1,000
35.			<input type="checkbox"/>			1,000
36.			<input type="checkbox"/>			1,000
37.			<input type="checkbox"/>			1,000
38.			<input type="checkbox"/>			1,000
39.			<input type="checkbox"/>			1,000
40.			<input type="checkbox"/>			1,000

Signature of Producer _____ Date _____

Signature of Applicant _____ Date _____

UNDERINSURED MOTORISTS COVERAGE SELECTION/REJECTION

Washington law permits you to make certain decisions regarding Underinsured Motorists Coverage. This section of the Application provides a general description of that coverage and the options available.

No coverage is provided by this document. If a policy is issued, you should read your policy and review your Policy Declarations for complete information on the coverage you are provided.

Underinsured Motorists Coverage provides insurance protection to an insured for compensatory damages that the insured is legally entitled to recover from the owner or operator of an underinsured motor vehicle because of bodily injury or property damage caused by an automobile accident. Also included are damages due to bodily injury or property damage that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Unless rejected in whole or in part, a policy would provide Underinsured Motorists Coverage at a limit equal to the policy's combined single limit for Commercial Auto Liability Coverage. Property Damage Underinsured Motorists Coverage is only offered in conjunction with Bodily Injury Underinsured Motorists Coverage. **Please indicate your preferences below:**

I select **Bodily Injury Underinsured Motorists Coverage** and **Property Damage Underinsured Motorists Coverage** at a limit equal to my combined single limit for Commercial Auto Liability Coverage, which is \$1,000,000.

I reject **Bodily Injury Underinsured Motorists Coverage** and **Property Damage Underinsured Motorists Coverage** at a limit equal to my combined single limit for Commercial Auto Liability Coverage and select the limit(s) indicated below:

Bodily Injury/Property Damage Combined Single Limits

\$60,000 \$100,000 \$150,000 \$250,000 \$500,000 \$750,000 \$1,000,000

--- OR ---

Bodily Injury Split Limits (Each Person/Each Accident)

\$25,000/\$50,000 \$100,000/\$300,000 \$500,000/\$1,000,000

\$50,000/\$100,000 \$250,000/\$500,000

Property Damage Limits

\$10,000 \$25,000

I reject **Property Damage Underinsured Motorists Coverage** entirely and select only **Bodily Injury Underinsured Motorists Coverage** at the limit(s) indicated below, which are lower than my limit for Commercial Auto Liability Coverage:

Bodily Injury Single Limits

\$50,000 \$75,000 \$100,000 \$500,000 \$750,000 \$1,000,000

--- OR ---

Bodily Injury Split Limits (Each Person/Each Accident)

\$25,000/\$50,000 \$50,000/\$100,000 \$100,000/\$300,000 \$250,000/\$500,000

\$500,000/\$1,000,000

I reject **Bodily Injury Underinsured Motorists Coverage** and **Property Damage Underinsured Motorists Coverage**.

Selection or rejection of Underinsured Motorists Coverage shall apply to, and become part of, any policy issued, and any extension, renewal, or replacement thereof that is issued with the same Limit of Insurance for Commercial Auto Liability Coverage. If I decide to select a different option at some future time, I must notify Crusader Insurance Company in writing.

Signature of Producer Date

Signature of Applicant Date

MISCELLANEOUS COVERAGES (select desired options)

- Auto Medical Payments Limit: \$1,000 \$2,000 \$5,000
- Towing Expense Limit: \$5,000* \$10,000 \$15,000 \$20,000 \$25,000
*\$5,000 limit included at no additional charge with Collision.
- Premier Truckers Enhancement
- Commercial General Liability General Aggregate Limit: **\$2,000,000** Per Occurrence Limit: **\$1,000,000**
Deductible: \$0 \$1,000
- Stop Gap—Employers Liability (Commercial General Liability required) Annual Payroll: _____
Bodily Injury by Accident Each Accident Limit[†]: **\$100,000**
Bodily Injury by Disease Each Employee Limit[†]: **\$100,000**
Bodily Injury by Disease Aggregate Limit[†]: **\$500,000**
[†]\$100,000 Each Accident/\$100,000 Each Employee/\$500,000 Aggregate limits included at no additional charge with Commercial General Liability.
- Cargo Liability Limit: _____ Deductible: \$1,000 \$2,500

Anticipated Effective Date Requested: _____

ADDITIONAL INFORMATION

ADDITIONAL INTERESTS (attach addresses)

Number of Additional Insureds: _____ Number of Lender's Loss Payables: _____
Number of Mortgagees: _____ Number of Loss Payables: _____

ADDITIONAL INTEREST INFORMATION (not required for quoting)

Signature of Producer Date

Signature of Applicant Date