



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
		FULL-SERVE CAR WASH State: CA 10-37 P/A 084 RT 027 20170712

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 gross sales by category:
 Tire sales/service: \$ _____
 Oil/quick lubrication work: \$ _____
 Brake work: \$ _____ Towing: \$ _____
 Other repair work: \$ _____
 Body work: \$ _____
 Gasoline/diesel sales: \$ _____
 LPG sales: \$ _____
 Mini-mart/grocery operations: \$ _____
 Self-serve car wash operations: \$ _____
 Full-serve car wash operations: \$ _____
 Restaurant operations: \$ _____
 Other: \$ _____
 Explain: _____
- 8.a. No. of FULL-TIME workers (Include active owners, officers, partners, managers, mechanics, clerical and subcontractors. Each active owner, officer or partner equals one full-time worker):
 Car wash operations: _____
 Mechanical or body work: _____
 All other operations: _____
- 8.b. No. of PART-TIME workers (Include managers, mechanics, clerical and subcontractors):
 Car wash operations: _____
 Mechanical or body work: _____
 All other operations: _____

9. Total area: _____ square feet
 Mini-mart/grocery customer area: _____ square feet
 Restaurant customer area: _____ square feet
 Car wash area: _____ square feet
10. No. of gasoline/diesel pumps: _____
 No. of self-serve car wash bays: _____
11. Building age: _____ years
 Date and extent of remodeling:

12. Does the building's plumbing system have all copper supply pipes/no galvanized:

13. Any remodeling, renovation or construction work to be performed during the policy period: _____
 If yes, explain: _____
14. Construction type: _____
 1=Frame 2=Other
 If other, explain: _____
15. Properly functioning fire sprinklers:

16. Burglar alarm: _____
 1=Local 2=Central station 3=None
17. Current and valid licenses as required by law: _____
18. No. of vehicles kept overnight: _____
 Where are vehicles stored overnight:

19. Perform mechanical repair/service on large commercial trucks, buses, motor homes, trailers, tractors, motorcycles, watercraft or other recreational vehicles:

20. Perform mechanical repairs/service or sponsor performance vehicles or vehicles used for racing or stunting: _____
21. Perform mechanical repairs/service on high value or exotic cars: _____
22. Tow commercial vehicles/heavy equipment:

 Tow under contract: _____
 Note: If yes, provide proof of insurance.
23. Rent, lease, or loan vehicles or equipment to others: _____
24. Offer "Rent-A-Bay" or other self-serve facilities: _____

Signature of Producer _____ Date _____

Signature of Applicant _____ Date _____



25. Perform dismantling/wrecking/salvaging: _____
26. Perform new or used car sales: _____
27. Sell used or salvaged parts: _____
If yes, are parts rebuilt by someone other than the applicant: _____
1=Yes 2=No 3=N/A
28. Perform mobile repair work: _____
29. Manufacture any components or parts: _____
Contract with others to manufacture components or parts for use or sale: _____
30. Liquor violations/citations in the past three years: _____
1=Yes 2=No 3=N/A
If yes, explain: _____
31. Automatic fire suppression equipment over cooking surfaces and exhaust flue: _____
1=Yes 2=No 3=N/A
32. How often are flues cleaned by a professional service: _____
33. 4-year policy history (Company/Pol.#/Dates)

34. Loss history for the past 4 years: (include claims reported, unreported, and known occurrences which may result in claims):
Description Date Amount Open/Closed

35. 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: _____
36. Is the subject risk currently insured for both Property and Liability: _____
37. Any prior coverage declined, cancelled, or non-renewed in the past 3 years: _____
If yes, explain: _____
38. Is applicant in receivership or involved in any bankruptcy proceedings: _____
39. Underwriter's comments:
Acceptable Motor Vehicle Records required.

- 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 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
 ___ Replacement Cost

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

\$ _____ Accounts Receivable Endorsement

\$ _____ Valuable Papers and Records Endorsement
 \$0 Deductible Applies

\$ _____ 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

Garage Insurance
 Bodily Injury Liability and
 Property Damage Liability
 Combined Single Limit
 \$ _____ Per Occurrence Limit
 \$ _____ Aggregate Limit

 Incidental Contractual Liability
 \$ _____ Per Occurrence Sublimit
 (Subject to Garage Insurance
 Liability Aggregate Limit)

 Products & Completed Operations
 \$ _____ Per Occurrence Sublimit
 (Subject to Garage Insurance
 Liability Aggregate Limit)

 Real Property Liability-
 Fire Damage
 \$ _____ Per Occurrence Sublimit
 (Subject to Garage Insurance
 Liability Aggregate Limit)

 \$1,000 Property Damage Deductible Applies
 Per Each Occurrence to Garage Insurance
 Coverage and Sublimits

 Employer's Non-ownership
 Automobile Liability Ins. Endorsement
 \$ _____ Per Occurrence Limit
 (Subject to Garage Insurance
 Liability Aggregate Limit)

 Personal Injury Liability Insurance
 \$ _____ Per Occurrence Limit
 (Subject to Garage Insurance
 Liability Aggregate Limit)

 Leased Premises Liability
 Auto Property Damage
 \$ _____ Per Occurrence Limit
 (Subject to Garage Insurance
 Liability Aggregate Limit)

(Continued...)

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Garagekeeper's Legal Liability Insurance
Coverages K-1 Fire and Explosion
K-2 Theft of the Entire Auto
K-3 Riot and Vandalism
K-4 Collision or Upset

\$ _____ Per Vehicle Limit
\$ _____ Per Occurrence Limit
\$1,000 Per Vehicle Deductible Applies
\$5,000 Per Occurrence Aggregate
Deductible Applies

SECTION III CRIME COVERAGE

\$ _____ Burglary Endorsement
\$500 Deductible Applies

\$ _____ Robbery (Inside/Outside)
\$100 Deductible Applies
Robbery Limitation Endorsement
Inside Cash Limit of \$500 Applies

\$ _____ Safe Burglary Endorsement
\$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:

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