



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
		OFFICE State: CA 10-32 P/A 071 RT 016 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. Annual gross receipts: \$ _____
8. Total area: _____ square feet
Total customer area: _____ square feet
9. Parking area or number of spaces:

10. Building age: _____ years
Date and extent of remodeling:

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

12. Any remodeling, renovation or construction work to be performed during the policy period: _____
If yes, explain: _____
13. Building class: 1=Frame 2=Other _____
If other, explain: _____
14. Plate glass (linear feet): _____
15. Properly functioning fire sprinklers: _____
16. Burglar alarm: _____
1=Local 2=Central station 3=None
17. Any rental operations: _____
If yes, describe: _____
18. Any off-premises activities: _____
If yes, describe: _____
19. 4-year policy history (Company/Pol.#/Dates)

20. Loss history for the past 4 years: (include claims reported, unreported, and known occurrences which may result in claims):

Description	Date	Amount	Open/Closed
21. 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: _____

Signature of Producer _____ Date _____

Signature of Applicant _____ Date _____



QUOTATION NUMBER

22. Is the subject risk currently insured for both Property and Liability:

23. Any prior coverage declined, cancelled, or non-renewed in the past 3 years:

If yes, explain:

24. Is applicant in receivership or involved in any bankruptcy proceedings:

25. Underwriter's comments:

PROFESSIONAL LIABILITY EXCLUDED.
PERSONAL INJURY LIABILITY EXCLUDED.
PRODUCTS & COMPLETED OPERATIONS EXCLUDED.
NON-OWNED AUTO EXCLUDED.

- 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
 ___% Coinsurance Applies
 \$ _____ Deductible Applies
 Check All That Apply:
 ___ General Form
 ___ Special Form
 ___ Replacement Cost
 ___ Agreed Value
 ___ Inflation Guard: _____%
 ___ Ordinance or Law Coverage A

\$ _____ Ordinance or Law Coverage B

\$ _____ Ordinance or Law Coverage C
 Applies to Building Coverage

\$ _____ Personal Property Coverage
 ___% Coinsurance Applies
 \$ _____ Deductible Applies
 Check All That Apply:
 ___ General Form
 ___ Optional Perils
 ___ Special Form
 ___ Replacement Cost

\$ _____ Accounts Receivable Endorsement

\$ _____ Valuable Papers and Records Endorsement
 Loss of Earnings Endorsement
 \$ _____ Each Thirty Days
 \$ _____ Aggregate Limit

\$ _____ Loss of Rents Endorsement
 60% Contribution Applies

\$ _____ Extra Expense Endorsement

\$ _____ 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

Special Multi Peril Liability
 Bodily Injury Liability and
 Property Damage Liability
 Combined Single Limit
 \$ _____ Per Occurrence Limit
 \$ _____ Aggregate Limit

Incidental Contractual Liability
 \$ _____ Per Occurrence Sublimit
 (Subject to Special Multi Peril
 Liability Aggregate Limit)

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

\$0 Property Damage Deductible Applies
 Per Each Occurrence
 to all Liability Coverages

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
 \$100 Deductible Applies

Check if Applies:
 ___ Home of Messenger Endorsement

(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:

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