

California Consumer Privacy Act (CCPA) Notice at Collection

Unico American Corporation and its subsidiaries (“Unico”) provide this notice at collection pursuant to the California Consumer Privacy Act of 2018 (Cal. Civ. Code § 1798.100, *et seq.*). The purpose of this notice is to provide you with a list of the categories of personal information that may be collected by Unico, and how that information may be used.

For the purposes of this notice, “personal information” refers to information that identifies, relates to, describes, is reasonably capable of being associated with, or could reasonably be linked, directly or indirectly, with you or your household.

Categories of Personal Information Collected	Business and/or Commercial Purpose for Use
<ul style="list-style-type: none"> • Identifiers, such as your first and last name, producer number, email address, mailing address, social security number, driver license number, vehicle information, and other personal identifiers. • <u>Categories of personal information described in California Civil Code § 1798.80(e) not otherwise listed above</u>, such as your signature, physical characteristics or description, insurance policy number, education, employment, employment history, bank account number, credit card number, or any other financial information, medical information, or health insurance information. • <u>Characteristics of protected classifications under California or federal law</u>, such as your race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or military and veteran status. • <u>Commercial information</u>, such as quote history, claims history, insurance coverage, vehicle information, and other purchasing or consuming histories or tendencies. • <u>Professional or employment-related information</u>, such as place of employment, previous employment, and other professional and employment information. • <u>Some forms of geolocation data</u>, including country, region, city, postal/ZIP code, and time zone. 	<ul style="list-style-type: none"> • To obtain a quote. • To facilitate and/or investigate a claim. • To facilitate a request for products or services. • To complete a producer application or producer agreement. • To communicate with you. • To complete surveys or other statistical gathering operations. • To ensure compliance with relevant laws and regulations, including contractual obligations. • To perform a service for a customer. • To detect security incidents and protect against deceptive, fraudulent, or illegal activity. • To debug and repair errors that impair existing functionality of internal resources, networks, and databases.

	EDITION DATE	PRODUCER
NAME OF APPLICANT, MAILING ADDRESS AND TELEPHONE NUMBER		APPLICANT'S OPERATIONS AND LOCATION/PREMISES
		AUTO BODY/AUTO REPAIR SHOP State: CA

This is NOT an insurance policy, nor an offer to provide coverage. Coverage will not be effective until confirmed in writing by the 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.

- Applicant's business entity: _____
1=Individual 2=Joint Venture 3=Partnership
4=Corporation 5=Limited Liability Company
6=Trust 7=Other
- Describe operations: _____

- Open for business: _____
- How long has applicant been in this type of business: _____
- How long has applicant been at this location: _____
- Does the applicant lease or sublease space to others: _____
If yes, describe occupancies and related square footage: _____
- Total annual gross sales by category:
Tire sales/service: \$ _____
Quick lubrication/oil changes: \$ _____
Brake work: \$ _____
Towing: \$ _____
Other repair work: \$ _____
Body work: \$ _____
Gasoline/diesel/LPG: \$ _____
Automated car wash: \$ _____
Full-serve car wash: \$ _____
Restaurant: \$ _____
Other: \$ _____
Describe Other: _____
- Number of FULL-TIME workers: _____
(Include active owners, active officers, active partners, managers, mechanics, clerical employees, and subcontractors. Each active owner, officer, and partner equals one full-time worker.)
Car wash operations: _____
Mechanical or body work: _____
All other operations: _____

- Number of PART-TIME workers: _____
(Include managers, mechanics, clerical employees, and subcontractors.)
Car wash operations: _____
Mechanical or body work: _____
All other operations: _____
- Does the applicant work solely on a mobile basis: _____
(If yes, skip to question 21)
- Total area in square feet: _____
Grocery store/market customer area in square feet: _____
Restaurant customer area in square feet: _____
- Year built: _____
- Construction type: 1=Frame 2=Other
- Any building improvements: _____
If yes, enter year improvement completed:
Electrical: _____ Plumbing: _____
Heating: _____ Roofing: _____
Other: _____
Describe Other: _____
- Does the building's plumbing system have all copper supply pipes/no galvanized: _____
- Any remodeling, renovation or construction work to be performed during the policy period: _____
If yes, explain: _____
- Fire station within 5 miles: _____
Fire hydrant within 1,000 feet: _____
- Properly functioning fire sprinklers: _____
- Burglar alarm: _____
1=Local 2=Central station 3=None
- 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
- Current and valid licenses as required by law: _____
- Tow commercial vehicles/heavy equipment: _____
Tow under contract: _____
Note: If yes, provide proof of insurance.

Signature of Producer _____ Date _____

Signature of Applicant _____ Date _____

23. Sell used or salvaged parts: _____
 If yes, are parts rebuilt by someone other than the applicant: _____
 1=Yes 2=No 3=N/A
24. Rent, lease, or loan vehicles or equipment to others: _____
25. Offer "Rent-A-Bay" or other self-serve facilities: _____
26. Perform mechanical repairs/service on large commercial trucks, buses, motor homes, trailers, tractors, motorcycles, watercraft or other recreational vehicles: _____
27. Perform mechanical repairs/service on performance vehicles or vehicles used for racing or stunting: _____
28. Sponsor performance vehicles or vehicles used for racing or stunting: _____
29. Perform mechanical repairs/service on high value or exotic cars: _____
30. Perform dismantling/wrecking/salvaging: _____
31. Sell new or used cars: _____
32. Perform mobile repair work: _____
33. Manufacture any components or parts: _____
 Contract with others to manufacture components or parts for use or sale: _____
34. 4-year policy history (Company/Dates):

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

 If yes, explain:

37. 4-year loss history:
 Describe all losses and injuries, whether reported to an insurance company or not, and known occurrences and incidents that may result in loss or claim, regardless of fault.

Description	Date	Amount
_____	_____	_____
_____	_____	_____
38. 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: _____
39. Is the applicant in receivership or involved in any bankruptcy proceedings: _____
40. Comments:
Acceptable Motor Vehicle Records required.

- Coverage and premiums are subject to inspection and acceptance in writing by the insurance company. No coverage will be effective without written confirmation by the insurance company. Producers 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
NAME OF APPLICANT, MAILING ADDRESS AND TELEPHONE NUMBER		APPLICANT'S OPERATIONS AND LOCATION/PREMISES
		AUTO BODY/REPAIR SHOP State: CA

This is NOT an insurance policy, nor an offer to provide coverage. Coverage will not be effective until confirmed in writing by the insurance company.

SECTION I PROPERTY COVERAGE

\$ _____ Building Coverage
 ___% Coinsurance Applies
 \$ _____ Deductible Applies
 Check All That Apply:
 ___ General Form
 ___ Optional Perils
 ___ Special Form
 ___ Replacement Cost
 ___ Sprinkler Leakage Exclusion
 ___ Agreed Value
 ___ Inflation Guard: _____%
 ___ Ordinance or Law Cov. A

\$ _____ Ordinance or Law Coverage B

\$ _____ Ordinance or Law Coverage C

\$ _____ Personal Property Coverage
 ___% Coinsurance Applies
 \$ _____ Deductible Applies
 Check All That Apply:
 ___ General Form
 ___ Optional Perils
 ___ Special Form
 ___ Special Form Excl. Theft
 ___ Replacement Cost
 ___ Sprinkler Leakage Exclusion

\$ _____ Business Income (Without Extra Expense)
 ___% Coinsurance Applies
 --OR--
 1/___ Monthly Limit of Indemnity Applies
 Check if Applies:
 ___ Off Premises Svcs. - Time Element

\$ _____ Business Income (With Extra Expense)
 ___% Coinsurance Applies
 --OR--
 1/___ Monthly Limit of Indemnity Applies
 Check if Applies:
 ___ Off Premises Svcs. - Time Element

\$ _____ Employee Tools
 \$ _____ Deductible Applies

\$ _____ Property in Transit
 (SUBJECT TO PERSONAL PROPERTY
 COVERAGE DEDUCTIBLE)

\$ _____ Food Spoilage Coverage
 ___% Coinsurance Applies
 \$ _____ Deductible Applies

\$ _____ Accounts Receivable Endorsement
 \$ _____ Deductible Applies
 ___% Coinsurance Applies

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

\$ _____ Sign Endorsement
 Special Deductible Terms Apply

Glass Coverage Endorsement
 ___ Square Feet Limit Applies
 \$ _____ Deductible Applies

Check if Applies:
 ___ Premier Property Package
 ___ Endorsement
 ___ Equipment Breakdown

SECTION II LIABILITY COVERAGE

Garage Insurance
 Bodily Injury Liability and
 Property Damage Liability
 Combined Single Limit
 Check if Applies:
 ___ Hired Auto Liability

\$ _____ Per Occurrence Limit
 \$ _____ Aggregate Limit

\$ _____ Incidental Contractual Liability
 Per Occurrence Sublimit
 (SUBJECT TO GARAGE INSURANCE
 LIABILITY AGGREGATE LIMIT)

Products & Completed Operations
 Per Occurrence Sublimit
 \$ _____ Aggregate Sublimit
 Check if Applies:
 ___ Broad Form Products

(Continued...)

Signature of Producer Date

Signature of Applicant Date

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

\$ _____ Property Damage Deductible Applies
Per Each Occurrence to Garage Insurance
Coverage and Sublimits

Personal Injury Liability Insurance
\$ _____ Limit Per Person or Organization
(Subject to Garage Insurance
Liability Aggregate Limit)

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

Liquor Liability Coverage
\$ _____ Per Occurrence Limit
\$ _____ Aggregate Limit

Garagekeeper's Legal Liability Insurance
Comprehensive & Collision and
Auto in Tow Liability
\$ _____ Per Vehicle Limit
\$ _____ Per Occurrence Limit
\$ _____ Per Vehicle Deductible Applies
\$ _____ Per Occurrence Aggregate
Deductible Applies

Garagekeeper's Direct - Primary
Comprehensive & Collision and
Auto in Tow Liability
\$ _____ Per Vehicle Limit
\$ _____ Per Occurrence Limit
\$ _____ Per Vehicle Deductible Applies
\$ _____ Per Occurrence Aggregate
Deductible Applies

SECTION III CRIME COVERAGE

\$ _____ Contents Theft Endorsement
\$ _____ Deductible Applies

\$ _____ Employee Tools
\$ _____ Deductible Applies

\$ _____ Theft, Disappearance and Destruction
\$ _____ Deductible Applies

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 the insurance company. No coverage will be effective without written confirmation by the insurance company. Producers 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