

# 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"> <li>• <b>Identifiers</b>, 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.</li> <li>• <b>Categories of personal information described in California Civil Code § 1798.80(e) not otherwise listed above</b>, 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.</li> <li>• <b>Characteristics of protected classifications under California or federal law</b>, 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.</li> <li>• <b>Commercial information</b>, such as quote history, claims history, insurance coverage, vehicle information, and other purchasing or consuming histories or tendencies.</li> <li>• <b>Professional or employment-related information</b>, such as place of employment, previous employment, and other professional and employment information.</li> <li>• <b>Some forms of geolocation data</b>, including country, region, city, postal/ZIP code, and time zone.</li> </ul> | <ul style="list-style-type: none"> <li>• To obtain a quote.</li> <li>• To facilitate and/or investigate a claim.</li> <li>• To facilitate a request for products or services.</li> <li>• To complete a producer application or producer agreement.</li> <li>• To communicate with you.</li> <li>• To complete surveys or other statistical gathering operations.</li> <li>• To ensure compliance with relevant laws and regulations, including contractual obligations.</li> <li>• To perform a service for a customer.</li> <li>• To detect security incidents and protect against deceptive, fraudulent, or illegal activity.</li> <li>• To debug and repair errors that impair existing functionality of internal resources, networks, and databases.</li> </ul> |

|   |              |  |
|---|--------------|--|
|   | EDITION DATE | PRODUCER                                     |
| NAME OF APPLICANT, MAILING ADDRESS AND TELEPHONE NUMBER |              | APPLICANT'S OPERATIONS AND LOCATION/PREMISES |
|   |              | COIN-OPERATED LAUNDRY<br>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.**

1. Business entity: \_\_\_\_\_  
1=Individual 2=Joint Venture 3=Partnership  
4=Corporation 5=Limited Liab. Co. 6=Other
2. Please indicate which best describes the applicant's operations: \_\_\_\_\_  
1=Coin-operated laundry, i.e., self-service, while-u-wait  
2=Coin-operated laundry with dry cleaning receiving station (no plant on premises)  
3=Coin-operated laundry with dry cleaning (with plant on premises)  
4=Other (describe) \_\_\_\_\_
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:  
Coin-operated laundry: \$ \_\_\_\_\_  
Dry cleaning: \$ \_\_\_\_\_  
Vending machines: \$ \_\_\_\_\_  
Amusement rides: \$ \_\_\_\_\_  
Video games: \$ \_\_\_\_\_  
Food & beverage services: \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_  
Explain: \_\_\_\_\_
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 pick-up or delivery service: \_\_\_\_\_  
If yes, describe: \_\_\_\_\_
18. List number of each:  
Washers: \_\_\_\_\_  
Dryers: \_\_\_\_\_  
Video games: \_\_\_\_\_
19. Approximate age of washers: \_\_\_\_\_ years
20. Approximate age of dryers: \_\_\_\_\_ years
21. Is there regular maintenance of machines: \_\_\_\_\_  
If yes, describe: \_\_\_\_\_
22. Is a record kept of all maintenance: \_\_\_\_\_  
If yes, describe: \_\_\_\_\_
23. Business hours: \_\_\_\_\_  
What hours are attended: \_\_\_\_\_  
Number of attendants:  
Full-time: \_\_\_\_\_  
Part-time: \_\_\_\_\_
24. 4-year policy history (Company/Pol.#/Dates)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Producer

Date

Signature of Applicant

Date

25. 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 |
|-------------|-------|--------|
| _____       | _____ | _____  |
| _____       | _____ | _____  |

26. 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:

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

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

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

30. Underwriter's comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 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 |
|   |              | COIN-OPERATED LAUNDRY<br>State: CA           |

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**SECTION I PROPERTY COVERAGE**

\$ \_\_\_\_\_ Building Coverage  
     90% Coinsurance Applies  
     \$ \_\_\_\_\_ Deductible Applies  
     Check All That Apply:  
     \_\_\_ General Form  
     \_\_\_ Optional Perils  
     \_\_\_ 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  
     \_\_\_ Special Form  
     \_\_\_ Replacement Cost

\$ \_\_\_\_\_ Bailee's - Customers' Property  
     Special/All Risk Form  
     90% Coinsurance Applies  
     \$ \_\_\_\_\_ Deductible Applies

\$ \_\_\_\_\_ Bailee's - Customers' Property  
     General/Specified Perils Form  
     90% Coinsurance Applies  
     \$ \_\_\_\_\_ Deductible Applies

\$ \_\_\_\_\_ Accounts Receivable Endorsement  
     \$ \_\_\_\_\_ Deductible Applies

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

\$ \_\_\_\_\_ Transportation Endorsement  
     \$ \_\_\_\_\_ Deductible Applies

\$ \_\_\_\_\_ Loss of Earnings Endorsement  
     Each Thirty Days  
     \$ \_\_\_\_\_ Aggregate Limit  
     \$ \_\_\_\_\_ Deductible Applies

\$ \_\_\_\_\_ Loss of Rents Endorsement  
     60% Contribution Applies

\$ \_\_\_\_\_ Extra Expense Endorsement  
     \$ \_\_\_\_\_ Deductible Applies

\$ \_\_\_\_\_ Sign Endorsement  
     \$ \_\_\_\_\_ Deductible Applies

\$ \_\_\_\_\_ Glass Coverage Endorsement  
     \$ \_\_\_\_\_ Deductible Applies

Check if Applies:  
     \_\_\_ Premier Property Package  
     \_\_\_ Endorsement  
     \_\_\_ 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)

\$ \_\_\_\_\_ Products and Completed Operations  
     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)

\$ \_\_\_\_\_ Employer's Non-ownership  
     Automobile Liability Ins. Endorsement  
     Per Occurrence Limit  
     (Subject to Special Multi Peril  
     Liability Aggregate Limit)

(Continued...)

\_\_\_\_\_  
Signature of Producer                      Date

\_\_\_\_\_  
Signature of Applicant                      Date

\$ \_\_\_\_\_ Personal Injury Liability Insurance  
Limit Per Person or Organization  
(Subject to Special Multi Peril  
Liability Aggregate Limit)

\$ \_\_\_\_\_ Real Property Liability-Water Damage  
Per Occurrence Limit  
(Subject to Special Multi Peril  
Liability Aggregate Limit)

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

**SECTION III CRIME COVERAGE**

\$ \_\_\_\_\_ Robbery (Inside/Outside)  
\$ \_\_\_\_\_ 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.
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- If a policy is issued, it is agreed that the applicant agrees to promptly implement all reasonable loss control requirements as may be determined.
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Signature of Producer                      Date

\_\_\_\_\_  
Signature of Applicant                      Date