

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. • Categories of personal information described in California Civil Code § 1798.80(e) not otherwise listed above, 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. • Characteristics of protected classifications under California or federal law, 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. • Commercial information, such as quote history, claims history, insurance coverage, vehicle information, and other purchasing or consuming histories or tendencies. • Professional or employment-related information, such as place of employment, previous employment, and other professional and employment information. • Some forms of geolocation data, 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
		CONTRACTOR 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. Completely describe operations:

3. List client, duties and contract price for 2 largest contracts during the last 12 months:

4. How long has applicant been in this type of business: _____
5. How long has applicant owned this business: _____
6. Estimated gross receipts for coming 12 months: \$ _____
7. Gross receipts for last 12 months: \$ _____
8. Annual payroll (include only managers, employees, clerical): \$ _____
9. Number of employees (include owners, officers, managers, employees, clerical):
Full time: _____
Part time: _____
10. Does the applicant work out of home: _____
(If yes, skip to question 18)
11. Total area (in square feet): _____
12. Parking area or number of spaces: _____
13. Building age: _____ years
Date and extent of remodeling: _____
14. Does the building's plumbing system have all copper supply pipes/no galvanized:

15. Construction type: _____
1=Frame 2=Other
If other, explain: _____
16. Properly functioning fire sprinklers: _____
17. Burglar alarm: _____
1=Local 2=Central station 3=None
18. Past, present or expected operations include the following (Y or N):
a. Function as general contractor: _____
b. New Construction or Other Major Work on multi-family structures or tract housing: _____
c. Remodeling or room additions: _____
d. Build foundations, retaining walls, sea walls or piers: _____
e. Sandblasting, welding or propane torch soldering: _____
f. Waterproofing, sealing or weather proofing: _____
g. Roofing or roof work: _____
h. Perform any city, state or federal work (including service of city or municipal main gas or water lines): _____
i. Excavate more than 4 feet: _____
j. Exterior work over 2 stories: _____
k. Use heavy equipment (i.e., cranes, lifts, scaffolding, bulldozers, backhoes, etc.): _____

If the answer to any above is yes, explain:

19. Contractor's license number: _____
Class: _____
Current and valid (Y or N): _____
20. Percentage of work subcontracted: _____
What work is subcontracted: _____

Obtain certificates of insurance from subcontractors: _____
1=Yes 2=No 3=N/A

Signature of Producer Date

Signature of Applicant Date

21. Percentage of residential work: _____
 Percentage of commercial work
 (including apartments and condominiums):

22. Percentage of interior work: _____
 Percentage of exterior work: _____

23. 4-year policy history (Company/Pol.#/Dates)

24. 13-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
_____	_____	_____
_____	_____	_____
_____	_____	_____

25. 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:

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

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

 If yes, explain:

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

29. 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

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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 Cov. A

\$ _____ Ordinance or Law Coverage B

\$ _____ Ordinance or Law Coverage C

\$ _____ Personal Property Coverage
 General Form
 ___% Coinsurance Applies
 \$ _____ Deductible Applies
 Check if Applies:
 ___ Replacement Cost

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

\$ _____ Deductible Applies Per Each Occurrence
 to all Liability Coverages

SECTION III CRIME COVERAGE

\$ _____ Burglary Endorsement
 \$ _____ Deductible Applies

MISCELLANEOUS (Attach addresses)

Number of Additional Insureds: _____

Number of Mortgagees: _____

Number of Lender's Loss Payables: _____

Number of Loss Payables: _____

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)

TOTAL ANNUAL PREMIUM FOR THIS APPLICATION:

 Signature of Producer Date

 Signature of Applicant Date