

# 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><u>Categories of personal information described in California Civil Code § 1798.80(e) not otherwise listed above</u></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><u>Characteristics of protected classifications under California or federal law</u></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><u>Commercial information</u></b>, such as quote history, claims history, insurance coverage, vehicle information, and other purchasing or consuming histories or tendencies.</li> <li>• <b><u>Professional or employment-related information</u></b>, such as place of employment, previous employment, and other professional and employment information.</li> <li>• <b><u>Some forms of geolocation data</u></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
		<b>GASOLINE STATION</b> 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. Applicant's business entity: \_\_\_\_\_  
1=Individual 2=Joint Venture 3=Partnership  
4=Corporation 5=Limited Liability Company  
6=Trust 7=Other
2. Describe operations:  
\_\_\_\_\_  
\_\_\_\_\_
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. Does the applicant lease or sublease space to others: \_\_\_\_\_  
If yes, describe occupancies and related square footage:  
\_\_\_\_\_
7. Total annual gross sales by category (round to nearest \$1,000):  
Gasoline/diesel/LPG: \$ \_\_\_\_\_  
Grocery store/market (alcohol): \$ \_\_\_\_\_  
Grocery store/market (other): \$ \_\_\_\_\_  
Automated car wash: \$ \_\_\_\_\_  
Full-serve car wash: \$ \_\_\_\_\_  
Restaurant: \$ \_\_\_\_\_  
Tire sales/service: \$ \_\_\_\_\_  
Brake work: \$ \_\_\_\_\_  
Quick lubrication/oil changes: \$ \_\_\_\_\_  
Other repair work: \$ \_\_\_\_\_  
Bodywork: \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_  
Describe Other: \_\_\_\_\_
8. Number of FULL-TIME workers:  
(Include each active owner/officer/partner/manager as one full-time worker.)  
Cashiers/gas pump attendants: \_\_\_\_\_  
Car wash personnel: \_\_\_\_\_  
Mechanics/auto repair personnel: \_\_\_\_\_  
Other personnel: \_\_\_\_\_  
Describe other personnel: \_\_\_\_\_
9. Number of PART-TIME workers:  
Cashiers/gas pump attendants: \_\_\_\_\_  
Car wash personnel: \_\_\_\_\_  
Mechanics/auto repair personnel: \_\_\_\_\_  
Other personnel: \_\_\_\_\_  
Describe other personnel: \_\_\_\_\_
10. Annual gallons of gasoline sold: \_\_\_\_\_  
Annual gallons of LPG sold: \_\_\_\_\_
11. Total area: \_\_\_\_\_ square feet  
Restaurant/grocery store/market total area: \_\_\_\_\_ square feet  
Restaurant/grocery store/market customer area: \_\_\_\_\_ square feet  
Car wash area: \_\_\_\_\_ square feet
12. Year built: \_\_\_\_\_
13. Construction type: \_\_\_\_\_  
1=Frame 2=Other
14. Any building improvements: \_\_\_\_\_  
If yes, enter year improvement completed:  
Electrical: \_\_\_\_\_ Plumbing: \_\_\_\_\_  
Heating: \_\_\_\_\_ Roofing: \_\_\_\_\_  
Other: \_\_\_\_\_  
Describe Other: \_\_\_\_\_
15. Does the building's plumbing system have all copper supply pipes/no galvanized: \_\_\_\_\_
16. Any remodeling, renovation or construction work to be performed during the policy period: \_\_\_\_\_  
If yes, explain: \_\_\_\_\_
17. Fire station within 5 miles: \_\_\_\_\_  
Fire hydrant within 1,000 feet: \_\_\_\_\_
18. Building fully protected by automatic sprinkler system: \_\_\_\_\_
19. Burglar alarm: \_\_\_\_\_  
1=Local 2=Central station 3=None
20. Any underground gasoline or diesel fuel storage tanks exceeding 20 years in age: \_\_\_\_\_
21. Number of automated car wash tunnels: \_\_\_\_\_
22. 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
23. Current and valid licenses as required by law: \_\_\_\_\_
24. Any towing operations: \_\_\_\_\_

Signature of Producer

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Signature of Applicant

Date

25. Sell used or salvaged parts: \_\_\_\_\_  
If yes, are parts rebuilt by someone other than the applicant: \_\_\_\_\_  
1=Yes 2=No 3=N/A
26. Rent, lease, or loan vehicles or equipment to others: \_\_\_\_\_
27. Offer "Rent-A-Bay" or other self-serve facilities: \_\_\_\_\_
28. Perform mechanical repairs/service on large commercial trucks, buses, motor homes, trailers, tractors, motorcycles, watercraft or other recreational vehicles: \_\_\_\_\_
29. Perform mechanical repairs/service on performance vehicles or vehicles used for racing or stunting: \_\_\_\_\_
30. Sponsor performance vehicles or vehicles used for racing or stunting: \_\_\_\_\_
31. Perform mechanical repairs/service on high value or exotic cars: \_\_\_\_\_
32. Perform dismantling/wrecking/salvaging: \_\_\_\_\_
33. Sell new or used cars: \_\_\_\_\_
34. Sell motorcycles, recreational vehicles, or mobile equipment: \_\_\_\_\_
35. Perform mobile repair work: \_\_\_\_\_
36. Manufacture any components or parts: \_\_\_\_\_  
Contract with others to manufacture components or parts for use or sale: \_\_\_\_\_
37. Perform recapping or retreading of tires: \_\_\_\_\_  
Sell recapped or retreaded tires: \_\_\_\_\_
38. Any consumption of alcohol on the premises: \_\_\_\_\_  
If yes, describe: \_\_\_\_\_
39. Any liquor violations/citations in the past 3 years: \_\_\_\_\_  
If yes, explain: \_\_\_\_\_
40. Automatic fire suppression equipment over cooking surfaces and exhaust flues: \_\_\_\_\_  
1=Yes 2=No 3=N/A
41. Are flues cleaned by a professional service at least every 6 months: \_\_\_\_\_  
1=Yes 2=No 3=N/A
42. Days of operation: \_\_\_\_\_  
Business hours: \_\_\_\_\_
43. 4-year policy history (Company/Dates): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
44. Is the subject risk currently insured for both Property and Liability: \_\_\_\_\_
45. Any prior coverage declined, cancelled, or non-renewed in the past 3 years: \_\_\_\_\_  
If yes, explain: \_\_\_\_\_
46. 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  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
47. 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: \_\_\_\_\_
48. Is the applicant in receivership or involved in any bankruptcy proceedings: \_\_\_\_\_
49. 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

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NAME OF APPLICANT, MAILING ADDRESS AND TELEPHONE NUMBER		APPLICANT'S OPERATIONS AND LOCATION/PREMISES
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### SECTION I PROPERTY COVERAGE

<p>Building and Personal Property Coverage          _____% Coinsurance Applies          \$_____ Deductible Applies          Indicate Covered Causes of Loss:  <input type="checkbox"/> Basic  <input type="checkbox"/> Special-Including Theft  <input type="checkbox"/> Special-Excluding Theft</p> <p>\$_____ Building Coverage          (include pumps &amp; canopies)          Check All That Apply:  <input type="checkbox"/> Replacement Cost  <input type="checkbox"/> Agreed Value  <input type="checkbox"/> Inflation Guard: _____%  <input type="checkbox"/> Ordinance or Law Coverage A</p> <p>\$_____ Ordinance or Law Coverage B          \$_____ Ordinance or Law Coverage C</p> <p>\$_____ Business Personal Property Coverage          (include hoses, nozzles, and gas in ground)          Sublimits:          \$_____ Theft of Tobacco Products          \$_____ Gas in Ground          Check if Applies:  <input type="checkbox"/> Replacement Cost</p> <p>Business Income Coverage          Select One:  <input type="checkbox"/> Actual Loss Sustained up to          \$1,000,000 Subject to _____ Months          Period of Restoration  <input type="checkbox"/> Limit of \$_____ Subject to          _____% Coinsurance  <input type="checkbox"/> Limit of \$_____ Subject to          1/____ Monthly Limit of Indemnity          Check All That Apply:  <input type="checkbox"/> Extra Expense  <input type="checkbox"/> Off-Premises Services-Time Element          Limit of \$_____</p>	<p>\$_____ Employees' Tools</p> <p>Loss or Damage to Customers' Autos          Select One:  <input type="checkbox"/> Legal Liability Coverage  <input type="checkbox"/> Direct Primary Coverage</p> <p>\$_____ Any One Auto          \$_____ Any One Event          \$_____ Theft/Mischief/Vandalism          Deductible Applies Per Auto          \$_____ Theft/Mischief/Vandalism          Deductible Applies Per Event          \$_____ Collision Deductible Applies Per          Event</p> <p>\$_____ Spoilage Coverage</p> <p>\$_____ Accounts Receivable Coverage</p> <p>\$_____ Valuable Papers and Records Coverage</p> <p>\$_____ Outside Signs Coverage</p> <p>\$_____ Glass Coverage          \$_____ Deductible Applies</p> <p>Money and Securities Coverage-Robbery and          Safe Burglary          \$_____ Inside the Premises/Outside the Premises</p> <p>Check if Applicable:  <input type="checkbox"/> Premier Property Package  <input type="checkbox"/> Premier Plus Property Package</p>
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\_\_\_\_\_  
Signature of Producer                      Date

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

**SECTION II LIABILITY COVERAGE**

Commercial General Liability Coverage	Coverage B. Personal and Advertising Injury Liability
\$ _____ General Aggregate Limit	\$ _____ Personal and Advertising Injury Limit
\$ _____ Products-Completed Operations Aggregate Limit	
	Liquor Liability Coverage
Coverage A. Bodily Injury and Property Damage Liability Coverage	\$ _____ Aggregate Limit
Check if Applies:	\$ _____ Each Common Cause Limit
___ Hired and Non-Owned Auto Liability	
\$ _____ Per Occurrence Limit	
\$ _____ Products-Completed Operations Per Occurrence Sublimit	
\$ _____ Fire Damage Limit	
\$ _____ Leased Premises Liability Coverage - Auto Property Damage Per Occurrence Limit	
\$ _____ Deductible Applies Per Occurrence to Property Damage Liability Coverage	

- 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.
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