

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
		LIQUOR STORE/MARKET/CONVENIENCE STORE 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 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. Total annual food sales: _____
Total annual alcohol sales: _____
Total annual gas sales: _____
Total annual other sales: _____
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. Does applicant maintain membership in any trade group(s) or association(s) related to the grocery store industry: _____
If yes, list name(s): _____
18. Any direct importing: _____
If yes, describe: _____
19. Any rental operations: _____
If yes, describe: _____
20. Any pick-up or delivery service: _____
If yes, describe: _____
21. Any catering: _____
If yes, describe: _____
22. Any liquor violations/citations in the past three years: _____
If yes, describe: _____
23. Sale of any items under the applicant's own label: _____
If yes, describe: _____
24. Manufacturing of any items for sale: _____
If yes, describe: _____
25. Any consumption of alcohol on the premises: _____
If yes, describe: _____
26. Cooking facilities: _____
If yes, describe: _____
27. Automatic fire suppression equipment over cooking surfaces and exhaust flues:
1=Yes 2=No 3=N/A

Signature of Producer

Date

Signature of Applicant

Date

- 28. How often are flues cleaned by a professional service:

- 29. 4-year policy history (Company/Pol.#/Dates)

- 30. 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

- 31. 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:

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

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

- If yes, explain:

- 34. Is applicant in receivership or involved in any bankruptcy proceedings:

- 35. 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
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SECTION I PROPERTY COVERAGE

\$ _____ Building Coverage
 90% 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
 90% Coinsurance Applies
 \$ _____ Deductible Applies
 Check All That Apply:
 ___ General Form
 ___ Optional Perils
 ___ Special Form Excl. Theft
 ___ Replacement Cost

\$ _____ Off Premises Power Interruption

\$ _____ Refrigeration Equipment

 Loss of Earnings Endorsement
 \$ _____ Each Thirty Days
 \$ _____ Aggregate Limit

\$ _____ Loss of Rents Endorsement
 60% Contribution Applies

\$ _____ Accounts Receivable Endorsement

\$ _____ Valuable Papers and Records 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)

 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)

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

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

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

(Continued...)

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SECTION III CRIME COVERAGE

\$ _____ Burglary Endorsement
\$500 Deductible Applies

\$ _____ Robbery (Inside/Outside)
\$100 Deductible Applies
Inside Cash Limit of \$500 Applies

\$ _____ Safe Burglary
\$100 Deductible Applies

Check if Applies:
 Home of Messenger Endorsement

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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Signature of Applicant Date