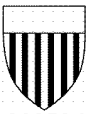


# California Consumer Privacy Act (CCPA) Notice at Collection

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>



# CRUSADER Insurance Company

# APPLICATION

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APPLICATION NUMBER

26050 Mureau Road, Calabasas, CA 91302-3171 (818) 591-9800 FAX: (818) 591-9856

	<b>DATE PREPARED</b>	PRODUCER
NAME OF APPLICANT, MAILING ADDRESS AND TELEPHONE NUMBER		APPLICANT'S OPERATIONS AND MAIN LOCATION/PREMISES
		TRUCKER State: CA

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

All questions pertain to the subject Location(s)/Premises unless otherwise indicated. The term "vehicles" includes trailers and non-operational vehicles. Attach additional pages if more space is needed to provide complete answers.

- Business entity: \_\_\_\_\_  
1=Individual 2=Joint venture 3=Partnership  
4=Corporation 5=Limited Liab. Co. 6=Other
- Completely describe the operations at each location:  
\_\_\_\_\_  
\_\_\_\_\_
- How many years has applicant been in business: \_\_\_\_\_
- How many years of experience does applicant have in the transportation industry: \_\_\_\_\_
- Total annual gross receipts (past 3 years):  
Year                      Receipts  
\_\_\_\_\_  
\_\_\_\_\_
- Does applicant operate as:  
A contract carrier: \_\_\_\_\_  
A common carrier: \_\_\_\_\_  
If other, describe: \_\_\_\_\_
- What percentage of the operation is:  
400 miles or less: \_\_\_\_\_%  
Over 400 miles: \_\_\_\_\_%
- California Motor Carrier Permit Number: \_\_\_\_\_
- Operating Authority (USDOT/MC Number): \_\_\_\_\_
- Indicate whether each of the following filings is required: MCS-90 \_\_\_\_\_  
DMV-65 \_\_\_\_\_ BMC-34 \_\_\_\_\_
- Does applicant use subhaulers: \_\_\_\_\_
- Indicate whether each of the following practices is used in driver selection:  
Motor Vehicle Record Check \_\_\_\_\_  
Written Application \_\_\_\_\_  
Reference Check \_\_\_\_\_  
Employment Verification \_\_\_\_\_  
Road Test \_\_\_\_\_ Drug Test \_\_\_\_\_  
Physical Examination \_\_\_\_\_  
Other (describe): \_\_\_\_\_  
\_\_\_\_\_

- Are motor vehicle records reordered and evaluated on at least an annual basis: \_\_\_\_\_
- Describe acceptability requirements for hiring drivers:  
\_\_\_\_\_  
\_\_\_\_\_
- Are all drivers covered by workers' compensation insurance: \_\_\_\_\_  
If yes, provide name of insurer: \_\_\_\_\_  
If no, explain: \_\_\_\_\_
- Where do drivers sleep when on a trip:  
1=Hotel/Motel 2=Truck Cab 3=Other
- Does applicant pull double or triple trailers: \_\_\_\_\_
- Does applicant pull oversized/overweight loads: \_\_\_\_\_  
If yes, are pilot cars used: \_\_\_\_\_
- Does applicant use any trailers not marked with reflectors or fluorescent tape: \_\_\_\_\_
- Will applicant's equipment or vehicles be loaned or rented to others: \_\_\_\_\_
- Does applicant always conduct pre-trip inspections: \_\_\_\_\_
- Are any vehicles customized or altered, or do they have special equipment: \_\_\_\_\_
- Are any trailers equipped with refrigeration systems: \_\_\_\_\_
- Are passengers allowed to ride in vehicles: \_\_\_\_\_
- Does applicant haul any commodity considered hazardous by the EPA and/or the DOT: \_\_\_\_\_
- Does applicant have the authority to haul any commodity considered hazardous by the EPA and/or the DOT: \_\_\_\_\_
- Are any owned, operated, or leased vehicles not included for coverage under this Application: \_\_\_\_\_
- List each commodity hauled, including average load value, maximum load value, and percent of loads:  
Commodity      Avg. Val.      Max. Val.      %  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Producer                      Date                      Signature of Applicant                      Date



29. Does applicant operate under an intermodal or trailer interchange agreement: \_\_\_\_\_

30. Do applicant's contracts require the hauling of bulk liquids: \_\_\_\_\_

31. Are vehicles left loaded overnight: \_\_\_\_\_  
If yes, explain: \_\_\_\_\_

32. How many vehicles have alarm systems: \_\_\_\_\_  
If any, explain: \_\_\_\_\_

33. What steps are taken to secure unoccupied vehicles: \_\_\_\_\_

34. Does applicant operate from a commercial location: \_\_\_\_\_  
If yes, provide the following:  
a. Are vehicles stored within a fenced perimeter:  
Location 1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_  
b. Are vehicle lots illuminated at night:  
Location 1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_  
c. Are dogs kept on vehicle lots:  
Location 1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_  
d. Building total area (list separately for each location):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
e. Fire alarm:  
1=Local 2=Central station 3=None  
Location 1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_  
f. Burglar alarm:  
1=Local 2=Central station 3=None  
Location 1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_  
g. Building construction type:  
1=Frame 2=Joisted Masonry 3=Other  
Location 1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_  
If other, describe: \_\_\_\_\_

35. Previous insurance for the past 3 years:  
Company                      Policy #                      Eff./Exp. Dates  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

36. Years of continuous primary liability insurance under applicant's name: \_\_\_\_\_

37. Years of continuous cargo liability insurance under applicant's name: \_\_\_\_\_

38. Was applicant insured under another company's fleet policy at any time during the past 3 years: \_\_\_\_\_  
If yes, provide the following:  
a. Name or Operating Authority (USDOT/MC #) of company named on fleet policy: \_\_\_\_\_  
b. Dates insured under fleet policy: \_\_\_\_\_  
c. Did fleet policy provide cargo liability insurance: \_\_\_\_\_  
d. Total number of owned tractor units insured under a fleet policy during the past 3 years (excluding those that are currently owned): \_\_\_\_\_  
e. Maximum number of tractor units operated under a fleet policy at any one time during the past 3 years: \_\_\_\_\_

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

40. 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  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

41. Describe all unusual operations or business practices not customary to this type of business: \_\_\_\_\_

42. Does applicant own any other income property or business: \_\_\_\_\_

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

- Coverage and premiums are subject to inspection and acceptance in writing by Crusader. No coverage will be effective without written confirmation by Crusader. Brokers 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. 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. *(Not applicable in the state of Washington.)*
- 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

**SCHEDULE OF LOCATIONS**

List all locations where the applicant conducts garage operations. State the applicant's main business address as Location 1.

LOCATION 1: \_\_\_\_\_  
street address city, state, zip

LOCATION 2: \_\_\_\_\_  
street address city, state, zip

LOCATION 3: \_\_\_\_\_  
street address city, state, zip

**SCHEDULE OF EMPLOYEES, DRIVERS, OWNERS, PARTNERS, AND OFFICERS**List name, date of birth, driver license number, and driver license state for each employee, driver, owner, partner, and officer.

	<u>Name</u>	<u>Date of Birth</u>	<u>DL Number</u>	<u>DL State</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____
15.	_____	_____	_____	_____

**SCHEDULE OF CONTRACTORS' EQUIPMENT**

List and describe equipment not part of the vehicles and indicate desired limits.

	<u>Limit</u>	<u>Description</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

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



**SCHEDULE OF COVERED AUTOS**

PLEASE NOTE: All vehicles operating under the applicant's Motor Carrier Permit/Interstate Operating Authority, including non-operational vehicles, **must be included** on this schedule. If a vehicle is removed from non-operational status during the policy term, you must notify us immediately. Non-operational vehicles are not eligible for coverage under this program.

If a policy is issued, coverage will only apply to scheduled vehicles. Government regulations require the applicant to maintain liability insurance for all vehicles operating under its Motor Carrier Permit/Interstate Operating Authority. Please review this schedule carefully; by not scheduling all applicable vehicles, the applicant might be assuming liability in the event of a claim.

Provide all information requested. The **Stated Amount** should reflect the current market value of the vehicle. Do not use cost new unless the vehicle is a new purchase.

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Vehicle Identification Number</u>	<u>Check if Non-Operational</u>	<u>Gross Vehicle Weight (lbs.)</u>	<u>Stated Amount</u>	<u>Physical Damage Deductible</u>
1.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ _____
2.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ _____
3.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ _____
4.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ _____
5.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ _____
6.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ _____
7.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ _____
8.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ _____
9.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ _____
10.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ _____
11.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ _____
12.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ _____
13.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ _____
14.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ _____
15.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ _____
16.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ _____
17.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ _____
18.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ _____
19.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ _____
20.	_____	_____	_____	<input type="checkbox"/>	_____	\$ _____	\$ _____

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

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



California law permits you to make certain decisions regarding Uninsured Motorists Coverage. This section of the Application provides a general description of that coverage and the options available.

The following is a general description of coverage. However, no coverage is provided by this document. You should read your policy and review your Policy Declarations for complete information on the coverages you are provided.

A. UNINSURED MOTORISTS COVERAGE—BODILY INJURY. The California Insurance Code requires that we provide you with the following information:

“The California Insurance Code requires an insurer to provide uninsured motorists coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Those provisions also permit the insurer and the applicant to delete the coverage completely or to delete the coverage when a motor vehicle is operated by a natural person or persons designated by name. Uninsured motorists coverage insures the insured, his or her heirs, or legal representatives for all sums within the limits established by law, that the person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code.”

“The California Insurance Code requires an insurer to provide uninsured motorists coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Those provisions also permit the insurer and the applicant to agree to provide the coverage in an amount less than that required by subdivision (m) of Section 11580.2 of the Insurance Code but not less than the financial responsibility requirements. Uninsured motorists coverage insures the insured, his or her heirs, or legal representatives for all sums within the limits established by law, that the person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code.”

B. UNINSURED MOTORISTS COVERAGE—PROPERTY DAMAGE. Uninsured Motorists Coverage may also include Uninsured Motorists Coverage—Property Damage. This coverage is available only if you have selected Uninsured Motorists Coverage—Bodily Injury.

For autos for which you have purchased Collision Coverage, Uninsured Motorists Coverage—Property Damage pays the Collision Coverage deductible in the event of a collision between a covered auto and an uninsured motorist who is at fault.

For autos for which you have not purchased Collision Coverage, Uninsured Motorists Coverage—Property Damage provides insurance protection to an insured for compensatory damages, up to a maximum of \$3,500, for injury to or destruction of a covered auto caused by an automobile accident, which an insured is legally entitled to recover from the owner or operator of certain types of uninsured motor vehicles.

Please indicate whether you SELECT or REJECT Uninsured Motorists Coverage—Bodily Injury:

- I REJECT Uninsured Motorists Coverage—Bodily Injury.
- I SELECT Uninsured Motorists Coverage—Bodily Injury at the following limits, which are lower than the limits of liability for bodily injury in my underlying policy of insurance:
  - \$30,000 per person/\$60,000 per accident
  - \$60,000 per person/\$60,000 per accident

Please indicate whether you SELECT or REJECT Uninsured Motorists Coverage—Property Damage (only available with Uninsured Motorists Coverage—Bodily Injury):

- I REJECT Uninsured Motorists Coverage—Property Damage.
- I SELECT Uninsured Motorists Coverage—Property Damage.

SELECTION or REJECTION of Uninsured Motorists Coverage shall apply to, and become part of, any policy issued, and any extension, renewal, or replacement thereof, until I notify Crusader Insurance Company, in writing, of any change.

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

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



**MISCELLANEOUS COVERAGES (select desired options)**

- Auto Medical Payments      Limit:  \$1,000     \$2,000     \$5,000
- Towing Expense      Limit:  \$10,000     \$15,000     \$20,000     \$25,000  
(\$5,000 included with Collision; select higher limit if desired.)
- Premier Truckers Enhancement
- Commercial General Liability      General Aggregate Limit: \$2,000,000      Per Occurrence Limit: \$1,000,000  
Deductible:  \$0       \$1,000
- Cargo Liability      Limit: \_\_\_\_\_      Deductible:  \$1,000     \$2,500

**ADDITIONAL INTERESTS (attach addresses)**

Number of Additional Insureds: \_\_\_\_\_

Number of Mortgagees: \_\_\_\_\_

Number of Lender's Loss Payables: \_\_\_\_\_

Number of Loss Payables: \_\_\_\_\_

Anticipated Effective Date Requested: \_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Interest Information (not required for quoting):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

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

