

# 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>Commercial information</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>

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.

If the applicant requires extra space to accurately and completely fill in this application, please attach additional sheets, as necessary.

<p><b>1. Today's date:</b> _____</p>	<p><b>3a. Name of Applicant:</b> _____</p> <p><b>3b. Mailing Address:</b> _____ _____</p>
<p><b>2. Proposed Effective Date:</b> _____</p>	<p><b>3c. Telephone Number:</b> ( _____ ) _____ - _____</p> <p><b>3d. Website:</b> _____</p>

<p><b>4a. Name of Producer:</b> _____</p> <p><b>4c. Mailing Address:</b> _____ _____</p> <p><b>4e. Email Address:</b> _____</p>	<p><b>4b. Producer Number:</b> _____</p> <p><b>4d. Telephone Number:</b> ( _____ ) _____ - _____</p>
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<p><b>5a. LOCATION #1</b></p>	<p>_____</p> <p>street address</p> <p>_____</p> <p>city, state, zip</p>
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<p><b>5b. LOCATION #2</b></p>	<p>_____</p> <p>street address</p> <p>_____</p> <p>city, state, zip</p>
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<p><b>5c. LOCATION #3</b></p>	<p>_____</p> <p>street address</p> <p>_____</p> <p>city, state, zip</p>
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<p><b>5d. LOCATION #4</b></p>	<p>_____</p> <p>street address</p> <p>_____</p> <p>city, state, zip</p>
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**6a.** Is the Producer listed in 4 above the controlling agent on the account?  Yes  No

**6b.** If yes, for how many years? \_\_\_\_\_

**GENERAL INFORMATION**

**7.** Business entity:  Individual  Joint venture  Partnership  Corporation  Limited Liab. Co.  Other

**8.** Completely describe the operations at each location:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**9.** Describe all unusual operations or business practices not customary to this type of business:

\_\_\_\_\_

\_\_\_\_\_



**DRIVER SUPERVISION** (continued)

23. Does applicant have an active drug testing program: \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, describe: \_\_\_\_\_  
\_\_\_\_\_
24. Does applicant have a written safety program: \_\_\_\_\_ Yes \_\_\_\_\_ No
25. Are regular safety meetings held for employees: \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, how often: \_\_\_\_\_
26. Does applicant have a written disciplinary/termination program: \_\_\_\_\_ Yes \_\_\_\_\_ No
27. Does applicant have a written accident review procedure: \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, describe: \_\_\_\_\_  
\_\_\_\_\_
28. Number of drivers that left your employ last year: \_\_\_\_\_
29. Number of drivers hired in the last year: \_\_\_\_\_
30. Describe training provided for employees: \_\_\_\_\_  
\_\_\_\_\_
31. Are drivers required to attend outside training courses: \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, describe: \_\_\_\_\_
32. How are drivers compensated: \_\_\_\_\_ Hourly \_\_\_\_\_ Salary \_\_\_\_\_ Commission
33. Are "response time" bonuses/penalties used: \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, describe: \_\_\_\_\_
34. Are any drivers considered to be "subcontractors": \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, describe: \_\_\_\_\_
35. Is there a written "take home" policy for tow vehicles: \_\_\_\_\_ Yes \_\_\_\_\_ No

**TOWING OPERATIONS**

36. What percentage of the tow operation is:  
0-50 miles \_\_\_\_\_% 51-100 miles \_\_\_\_\_% Over 100 miles \_\_\_\_\_%
37. What is the applicant's California Motor Carrier Permit Number: CA-\_\_\_\_\_
38. What is the applicant's Federal Motor Carrier (MC) Number: \_\_\_\_\_
39. Does the applicant require a Department of Transportation, State, or Federal filing **other than** the California Department of Motor Vehicles / Motor Carrier Branch Form **DMV-65 MCP**: \_\_\_\_\_ Yes \_\_\_\_\_ No
40. Does the applicant tow or transport hazardous materials: \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, describe: \_\_\_\_\_
41. Does the applicant possess the certification and licenses required for the handling of hazardous materials: \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, describe: \_\_\_\_\_
42. Is there a written vehicle maintenance program: \_\_\_\_\_ Yes \_\_\_\_\_ No
43. Is a visual vehicle inspection performed daily: \_\_\_\_\_ Yes \_\_\_\_\_ No
44. Is a daily inspection log or checklist maintained: \_\_\_\_\_ Yes \_\_\_\_\_ No

**TOWING OPERATIONS** (continued)

45. Are the drivers responsible for vehicle maintenance: \_\_\_\_\_ Yes \_\_\_\_\_ No

Explain: \_\_\_\_\_

46. Is vehicle maintenance done by an outside firm: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, describe: \_\_\_\_\_

47. Are any owned vehicles not included for coverage under this application: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, describe: \_\_\_\_\_

48. Do the vehicles described in 47 above operate under the applicant's California Motor Carrier Permit: \_\_\_\_\_ Yes \_\_\_\_\_ No

49. Indicate the percentage of tow revenue by source:

AAA \_\_\_\_\_%      City Contracts \_\_\_\_\_%      CHP \_\_\_\_\_%      FSP: \_\_\_\_\_%  
 Commercial \_\_\_\_\_%      Other Auto Clubs \_\_\_\_\_%      Other \_\_\_\_\_% (describe) \_\_\_\_\_

**LOCATION INFORMATION**

50a. LOCATION #1: Construction Type: \_\_\_\_\_

Fire Protection Classification: \_\_\_\_\_ Total Area: \_\_\_\_\_ square feet

Is location fenced: \_\_\_\_\_ Yes \_\_\_\_\_ No      Lighted at night: \_\_\_\_\_ Yes \_\_\_\_\_ No

Attended at all times: \_\_\_\_\_ Yes \_\_\_\_\_ No      Dogs on premises: \_\_\_\_\_ Yes \_\_\_\_\_ No

Fire alarm: \_\_\_\_\_ Yes \_\_\_\_\_ No      Burglar alarm: \_\_\_\_\_ Yes \_\_\_\_\_ No

Describe: \_\_\_\_\_ Describe: \_\_\_\_\_

50b. LOCATION #2: Construction Type: \_\_\_\_\_

Fire Protection Classification: \_\_\_\_\_ Total Area: \_\_\_\_\_ square feet

Is location fenced: \_\_\_\_\_ Yes \_\_\_\_\_ No      Lighted at night: \_\_\_\_\_ Yes \_\_\_\_\_ No

Attended at all times: \_\_\_\_\_ Yes \_\_\_\_\_ No      Dogs on premises: \_\_\_\_\_ Yes \_\_\_\_\_ No

Fire alarm: \_\_\_\_\_ Yes \_\_\_\_\_ No      Burglar alarm: \_\_\_\_\_ Yes \_\_\_\_\_ No

Describe: \_\_\_\_\_ Describe: \_\_\_\_\_

50c. LOCATION #3: Construction Type: \_\_\_\_\_

Fire Protection Classification: \_\_\_\_\_ Total Area: \_\_\_\_\_ square feet

Is location fenced: \_\_\_\_\_ Yes \_\_\_\_\_ No      Lighted at night: \_\_\_\_\_ Yes \_\_\_\_\_ No

Attended at all times: \_\_\_\_\_ Yes \_\_\_\_\_ No      Dogs on premises: \_\_\_\_\_ Yes \_\_\_\_\_ No

Fire alarm: \_\_\_\_\_ Yes \_\_\_\_\_ No      Burglar alarm: \_\_\_\_\_ Yes \_\_\_\_\_ No

Describe: \_\_\_\_\_ Describe: \_\_\_\_\_

50d. LOCATION #4: Construction Type: \_\_\_\_\_

Fire Protection Classification: \_\_\_\_\_ Total Area: \_\_\_\_\_ square feet

Is location fenced: \_\_\_\_\_ Yes \_\_\_\_\_ No      Lighted at night: \_\_\_\_\_ Yes \_\_\_\_\_ No

Attended at all times: \_\_\_\_\_ Yes \_\_\_\_\_ No      Dogs on premises: \_\_\_\_\_ Yes \_\_\_\_\_ No

Fire alarm: \_\_\_\_\_ Yes \_\_\_\_\_ No      Burglar alarm: \_\_\_\_\_ Yes \_\_\_\_\_ No

Describe: \_\_\_\_\_ Describe: \_\_\_\_\_

**LOCATION INFORMATION** (continued)

51. Describe all adjoining or adjacent occupancies and/or vacancies:

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52. Describe all unusual or hazardous physical conditions at the property:

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**ACCOUNT HISTORY**

53. Three-year policy history:

<u>COMPANY</u>	<u>EFFECTIVE/EXPIRATION DATES</u>	<u>PREMIUM</u>
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54. Any prior coverage declined, cancelled, or non-renewed:  Yes  No

If yes, explain:

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55. Four-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, that are not shown on the loss runs included with this submission.

<u>DESCRIPTION</u>	<u>DATE</u>	<u>AMOUNT</u>
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**ADDITIONAL INFORMATION**

56. Describe the applicant's procedures with respect to customer assistance in loading/unloading a disabled vehicle:

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57. Does the applicant have the necessary and proper equipment to load/unload a disabled motorcycle or recreational vehicle:  Yes  No

If yes, describe:

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If no, describe procedures followed for effecting the tow or transport of the disabled motorcycle or recreational vehicle:

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58. Has a procedure been established to require a written authorization from private property owners before towing vehicles from their property:  Yes  No

If no, describe what procedures will be implemented to insure compliance with local laws:

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# APPLICATION TOWING OPERATIONS

## COVERAGE / LIMITS REQUESTED

### Liability—Garage Operations

Each Accident Limit: \$1,000,000  
Aggregate Limit: \$2,000,000

Deductible: \_\_\_ \$0 \_\_\_ \$1,000

\$\_\_\_\_\_ **Fire Legal Liability** (\$50,000 included)

### Garagekeepers' Coverage

Coverage Option: \_\_\_ Legal Liability \_\_\_ Direct Primary

Maximum limit per vehicle: \$200,000  
Deductible: \$1,000

Location #1—Limit Per Loss: \$\_\_\_\_\_

Location #2—Limit Per Loss: \$\_\_\_\_\_

Location #3—Limit Per Loss: \$\_\_\_\_\_

Location #4—Limit Per Loss: \$\_\_\_\_\_

### Auto Physical Damage Coverage

Deductible: \_\_\_ \$500 \_\_\_ \$1,000 \_\_\_ \$2,500 \_\_\_ \$5,000

Written on a Stated Amount basis. List all vehicles for which coverage is requested on the attached Schedule of Autos.

### On-Hook and Cargo Liability

Deductible: \_\_\_ \$500 \_\_\_ \$1,000 \_\_\_ \$2,500 \_\_\_ \$5,000

List all vehicles for which coverage is requested on the attached Schedule of Autos.

### Contractors' Equipment Coverage

Deductible: \$1,000

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Commercial General Liability

Available for premises leased to others. Subject to Company approval.

Occurrence Limit: \$1,000,000  
Aggregate Limit: \$2,000,000  
Deductible: \$1,000

Describe premises leased to others:

\_\_\_\_\_  
street address

\_\_\_\_\_  
city, state, zip

Describe occupancy of premises leased to others:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Leased Premises Liability—Auto Property Damage

Limit of Liability: \$\_\_\_\_\_

### Building & Personal Property Coverage

Deductible: \$1,000  
Coinsurance: 90%

Location #1—Building Limit: \$\_\_\_\_\_

Location #1—Personal Property Limit: \$\_\_\_\_\_

Location #1—Walls/Fences/Gates Limit: \$\_\_\_\_\_

Location #2—Building Limit: \$\_\_\_\_\_

Location #2—Personal Property Limit: \$\_\_\_\_\_

Location #2—Walls/Fences/Gates Limit: \$\_\_\_\_\_

Location #3—Building Limit: \$\_\_\_\_\_

Location #3—Personal Property Limit: \$\_\_\_\_\_

Location #3—Walls/Fences/Gates Limit: \$\_\_\_\_\_

Location #4—Building Limit: \$\_\_\_\_\_

Location #4—Personal Property Limit: \$\_\_\_\_\_

Location #4—Walls/Fences/Gates Limit: \$\_\_\_\_\_

### Additional Interests

Number of additional insureds requested: \_\_\_\_\_

Does applicant require a mortgagee endorsement: \_\_\_\_\_ Yes \_\_\_\_\_ No

**UNINSURED MOTORISTS COVERAGE SELECTION/REJECTION**

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, by marking the appropriate boxes, 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, by marking the appropriate box, 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 the insurance company, in writing, of any change.**





# APPLICATION TOWING OPERATIONS

INSURANCE SYSTEMS, INC.

26050 Mureau Rd, Calabasas, CA 91302 ▪ 818.591.9800 ▪ CA License 0434778 ▪ applications@unifaxinsurance.com

PAGE 8 OF 9

### SCHEDULE OF AUTOS

PLEASE NOTE: All vehicles operating under any motor carrier permit, including vehicles registered as non-operable, **must be included** on this schedule; however, non-operable vehicles will not be offered insurance. Private passenger vehicles are also not eligible for insurance under this program.

Complete all applicable fields. Provide the full vehicle identification number (VIN). Stated Amount should reflect the current market value of the vehicle—do not use cost new unless the vehicle is a new purchase.

Vehicle # <b>1</b>	Year _____ Make _____ Model _____ VIN _____ GVW (lbs.) _____ Stated Amount \$ _____ On-Hook/Cargo Limit \$ _____
Vehicle # <b>2</b>	Year _____ Make _____ Model _____ VIN _____ GVW (lbs.) _____ Stated Amount \$ _____ On-Hook/Cargo Limit \$ _____
Vehicle # <b>3</b>	Year _____ Make _____ Model _____ VIN _____ GVW (lbs.) _____ Stated Amount \$ _____ On-Hook/Cargo Limit \$ _____
Vehicle # <b>4</b>	Year _____ Make _____ Model _____ VIN _____ GVW (lbs.) _____ Stated Amount \$ _____ On-Hook/Cargo Limit \$ _____
Vehicle # <b>5</b>	Year _____ Make _____ Model _____ VIN _____ GVW (lbs.) _____ Stated Amount \$ _____ On-Hook/Cargo Limit \$ _____
Vehicle # <b>6</b>	Year _____ Make _____ Model _____ VIN _____ GVW (lbs.) _____ Stated Amount \$ _____ On-Hook/Cargo Limit \$ _____
Vehicle # <b>7</b>	Year _____ Make _____ Model _____ VIN _____ GVW (lbs.) _____ Stated Amount \$ _____ On-Hook/Cargo Limit \$ _____
Vehicle # <b>8</b>	Year _____ Make _____ Model _____ VIN _____ GVW (lbs.) _____ Stated Amount \$ _____ On-Hook/Cargo Limit \$ _____
Vehicle # <b>9</b>	Year _____ Make _____ Model _____ VIN _____ GVW (lbs.) _____ Stated Amount \$ _____ On-Hook/Cargo Limit \$ _____
Vehicle # <b>10</b>	Year _____ Make _____ Model _____ VIN _____ GVW (lbs.) _____ Stated Amount \$ _____ On-Hook/Cargo Limit \$ _____
Vehicle # <b>11</b>	Year _____ Make _____ Model _____ VIN _____ GVW (lbs.) _____ Stated Amount \$ _____ On-Hook/Cargo Limit \$ _____
Vehicle # <b>12</b>	Year _____ Make _____ Model _____ VIN _____ GVW (lbs.) _____ Stated Amount \$ _____ On-Hook/Cargo Limit \$ _____
Vehicle # <b>13</b>	Year _____ Make _____ Model _____ VIN _____ GVW (lbs.) _____ Stated Amount \$ _____ On-Hook/Cargo Limit \$ _____
Vehicle # <b>14</b>	Year _____ Make _____ Model _____ VIN _____ GVW (lbs.) _____ Stated Amount \$ _____ On-Hook/Cargo Limit \$ _____
Vehicle # <b>15</b>	Year _____ Make _____ Model _____ VIN _____ GVW (lbs.) _____ Stated Amount \$ _____ On-Hook/Cargo Limit \$ _____

If additional space is needed, attach a SCHEDULE OF ADDITIONAL AUTOS.

Is a SCHEDULE OF ADDITIONAL AUTOS attached: \_\_\_\_\_ Yes \_\_\_\_\_ No

