



# CRUSADER Insurance Company

# APPLICATION

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APPLICATION NUMBER

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

Page 1

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

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 required filings:  
MCS-90 \_\_\_\_\_ Form E \_\_\_\_\_  
DMV-65 \_\_\_\_\_ Other (describe): \_\_\_\_\_
- 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



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Page **2**

<p>29. Does applicant operate under an intermodal or trailer interchange agreement: _____</p> <p>30. Do applicant's contracts require the hauling of bulk liquids: _____</p> <p>31. Are vehicles left loaded overnight: _____ If yes, explain: _____</p> <p>32. How many vehicles have alarm systems: _____ If any, explain: _____</p> <p>33. What steps are taken to secure unoccupied vehicles: _____</p> <p>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: _____</p> <p>35. Previous insurance for the past 3 years: Company                      Policy #                      Eff./Exp. Dates _____ _____ _____</p>	<p>36. Years of continuous primary liability insurance under applicant's name: _____</p> <p>37. Years of continuous cargo liability insurance under applicant's name: _____</p> <p>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: _____</p> <p>39. Any prior coverage declined, cancelled, or non-renewed in the past 3 years: _____ If yes, explain: _____</p> <p>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 _____ _____ _____</p> <p>41. Describe all unusual operations or business practices not customary to this type of business: _____ _____ _____</p> <p>42. Does applicant own any other income property or business: _____</p> <p>43. Underwriter's comments: _____ _____ _____</p>
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- 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





**UNINSURED MOTORIST COVERAGE AND UNDERINSURED MOTORIST COVERAGE SELECTION/REJECTION**

**DO NOT SIGN UNTIL YOU READ**

Arizona law permits you to make certain decisions regarding Uninsured Motorist Coverage and Underinsured Motorist Coverage. This section of the Application provides a general description of those coverages 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 coverage you are provided.

You have a legal right to purchase *both* Uninsured Motorist Coverage and Underinsured Motorist Coverage with the proposed Commercial Auto Liability Coverage. THOSE COVERAGES HELP PROTECT YOU, YOUR FAMILY, AND YOUR PASSENGERS. IN MOST CASES, LIABILITY COVERAGE DOES NOT.

Uninsured Motorist Coverage provides protection for bodily injuries caused by a negligent motorist who has no insurance. Underinsured Motorist Coverage provides such protection if the negligent motorist does not have enough liability insurance to pay for the injuries caused. If a policy is issued, it would provide Uninsured Motorist Coverage and Underinsured Motorist Coverage in the same amount as the Limit of Insurance for Commercial Auto Liability Coverage (shown below), unless you select a lower amount or no coverage, as stated in this notice.

You may purchase both Uninsured Motorist Coverage and Underinsured Motorist Coverage in any amount from a \$30,000 single limit (or \$15,000/\$30,000 split limits) up to the Limit of Insurance for Commercial Auto Liability Coverage, or you may reject the coverage entirely. Neither limit may exceed the Limit of Insurance for Commercial Auto Liability Coverage, as shown below.

Limit of Insurance for Commercial Auto Liability Coverage: \$1,000,000

**Please indicate your preferences for Uninsured Motorist Coverage and Underinsured Motorist Coverage:**

I REJECT Uninsured Motorist Coverage entirely.

I SELECT Uninsured Motorist Coverage at the limit indicated below:

Single Limit

- \$30,000
- \$60,000
- \$100,000
- \$300,000
- \$500,000
- \$750,000
- \$1,000,000
- Other: \_\_\_\_\_

Split Limits

- \$15,000/\$30,000
- \$30,000/\$60,000
- \$100,000/\$300,000
- \$250,000/\$500,000
- \$500,000/\$1,000,000
- Other: \_\_\_\_\_

I REJECT Underinsured Motorist Coverage entirely.

I SELECT Underinsured Motorist Coverage at the limit indicated below:

Single Limit

- \$30,000
- \$60,000
- \$100,000
- \$300,000
- \$500,000
- \$750,000
- \$1,000,000
- Other: \_\_\_\_\_

Split Limits

- \$15,000/\$30,000
- \$30,000/\$60,000
- \$100,000/\$300,000
- \$250,000/\$500,000
- \$500,000/\$1,000,000
- Other: \_\_\_\_\_

SELECTION or REJECTION of Uninsured Motorist Coverage and Underinsured Motorist Coverage shall apply to, and become part of, any policy issued, and any extension, renewal, or replacement thereof that is issued with the same Limit of Insurance for Commercial Auto Liability Coverage. If I decide to select a different option at some future time, I must notify Crusader Insurance Company in writing.

**DO NOT SIGN UNTIL YOU READ**

\_\_\_\_\_  
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

**COMMENTS**

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

**ADDITIONAL INTERESTS (attach additional pages if necessary)**

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

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

Names and addresses (not required for quoting):


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

