



**THE  
APPLICATION  
PROCESS**



**48 Yrs. Experience**

**THANK YOU!**

Your request for a quote on your Business Insurance will be referred to F. Darrell Lindsey, the NATIONWIDE state licensed Agent/Broker responsible for responding, quoting, and providing services relating to the Insurance programs made available to Business Owners, in support of your request.

Please find attached the Questionnaire KIT developed for the insurance coverage you have requested to be quoted. PLEASE – put “0” (zero) on line where no “Number” is filled out by you. All spaces should have an entry. Insurance Companies are able to give up to a 35% credit to their filed rates or up to a 25% surcharge. Fully completed Questionnaires will qualify for the LARGEST CREDITS.

The Questionnaire, and any attached supplemental forms, must be 100% completed (with no questions unanswered) and submitted “ON LINE” or returned by FAX to our office. To process this request we require your E-Mail address, for followup during the quoting process, as may be necessary.

The separate forms, regarding prior claims, and the questions relating to; payroll, gross receipts, and prior insurance, are critical in rating and quoting all lines of insurance.

Please call the Questionnaire processing office with any questions you may have.

Respectfully,  
F. Darrell Lindsey  
U.S. State Licensed Agent/Broker  
U.S. Corporate Enterprise Risk Manager Consultant (ERM)  
U.S. State Approved Captive/RRG/Self Insured Manager  
U.S. Approved Self Funded Health & W.C. Plan Manager

FDL/p  
Enclosures

Please "SAVE" the completed application to your desktop and return by ATTACHING it to an email and send to **F. Darrell Lindsey - [FDL@LLLINSURANCESERVICES.COM](mailto:FDL@LLLINSURANCESERVICES.COM)**

F. D. Lindsey Associates  
P. O. Box 526357  
Salt Lake City, UT 84152-6357  
PH: 866-937-7037  
FX: 866-937-7010

Web: <http://www.fdlindseyassociates.com>  
Email: [fdl@fdlindseyassociates.com](mailto:fdl@fdlindseyassociates.com)

ART New World Insurance Services  
P. O. Box 526357  
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APP - LLL – 125 – 04/14/2015



48 Yrs. Experience

Tips For Completing the Questionnaire(s) To Obtain  
A Quotation for Your Business Insurance  
**COMPLETE "ON LINE" OR "PRINT" AND FAX BACK**

The Discovery Questionnaire attached will be used by the Underwriter to evaluate and identify the specific exposures and operations of your business. Proper completion is CRITICAL to the Insurance underwriting and rating process. Your signed questionnaire will become a part of any coverage contract issued and used as one of the representations from which benefits will be determined.

The Association cannot stress enough the importance of complete information being provided, including entering "0" (zero) in all BLANKS where you DO NOT enter any number, which may assist the Underwriting office to better understand you business operations.

"DO NOT" be intimidated by the questionnaire, it is really very simple. Please Note:

1. Insurance should be applied for in the name of all the entities which you are known or may conduct your business.
2. Make certain you explain fully the nature of your business and the service you provide. Subcontractors are not provided benefits under the coverage contract issued, unless specifically requested and rated.
3. You must provide in detail, your gross sales and your annual payroll for all operations and service you provide. A separate rate is used for each separate service, type of facilities available, and for all business operations which may require insurance coverage. You may also want to provide a financial income statement with breakdown of gross income and payroll by type of activity or service provided.
4. Please complete all questions. Provide the name of your present and previous insurance company (not the agent), premium paid, and date your current coverage expires.

The more complete and detailed you answer all questions, the fewer assumptions the Underwriter/Rater will have to make. Properly completed questionnaires receive same day submission to the Insurance Company for the best rate and Quote turnaround possible. We associate with over 200 Insurance Company's NATIONWIDE in support of our quotes. Insurance Companies can apply up to a 35% credit or surcharge 25%. Fully completed forms receive the LARGEST CREDITS.

Please call the office at anytime while you are completing the Application with any questions you do not understand. The office will be pleased to assist in any way possible. We can even help you complete the Questionnaire "ON LINE" with you if you want.

F. Darrell Lindsey  
U. S. State Licensed Agent/Broker  
Calif. LLL Insurance Services - Lic. #0F37860

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P. O. Box 526357  
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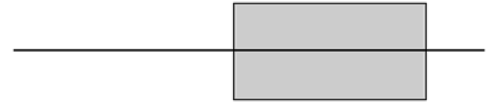
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ART New World Insurance Services  
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APP - LLL - 125 - 04/14/2015



## IS IT WORTH IT?

BUSINESS OWNERS CAN RECEIVE UP TO A 35% CREDIT  
WHEN AN INSURANCE COMPANY UNDERWRITER IS  
ABLE TO RATE FROM A COMPLETED APPLICATION.

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LIKewise, IF A RATING QUESTIONNAIRE HAS BLANK  
QUESTIONS AND THE UNDERWRITER HAS TO GUESS,  
THE RATE MAY GO UP 25%.

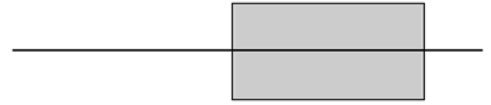
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FULLY COMPLETED APPS ARE WORTH IT!!



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**U.S. State Licensed Agent/Broker**  
**U.S. Corporate Enterprise Risk Manager Consultant (ERM)**  
**U.S. State Approved Captive/RRG/Self Insured Manager**  
**U.S. Approved Self Funded Health & W.C. Plan Manager**



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**ROOFING CONTRACTORS PROGRAM**

**ALSO AVAILABLE:**

**GENERAL OR PROFESSIONAL**

- ▣ BUSINESS LIABILITY
- ▣ ERRORS & OMISSIONS ENDORSEMENT
- ▣ CARE, CUSTODY, CONTROL COVERAGE
- ▣ LOST KEY COVERAGE
- ▣ EMPLOYMENT PRACTICES LIABILITY
- ▣ PRODUCTS & COMPLETED OPERATIONS

**PROPERTY INSURANCE**

- ▣ BUILDING
- ▣ CONTENTS
- ▣ EQUIPMENT
- ▣ INLAND MARINE

**GROUP HEALTH INSURANCE**

- ▣ ASSOCIATION MASTER POLICY
- ▣ INDIVIDUAL COVERAGE AVAILABLE
- ▣ EMPLOYER GROUP BASIC PROGRAM
- ▣ HEALTH SAVINGS ACCOUNTS (HSA)
- ▣ SELF FUNDED GROUP HEALTH PLANS
- ▣ MINI-MED LOW COST HEALTH PLANS
- ▣ SHORT TERM MEDICAL
- ▣ CATASTROPHIC MAJOR MEDICAL



**AUTO LIABILITY**

- ▣ HIRED / NON-OWNED
- ▣ RENTAL REIMBURSEMENT
- ▣ LARGE ACCOUNT DISCOUNT

**WORKERS' COMPENSATION**

- ▣ AVAILABLE IN MOST STATES
- ▣ GUARANTEED COST
- ▣ SELF INSURANCE CAPTIVE PROGRAM
- ▣ DEVIATIONS AVAILABLE

**FIDELITY BOND**

- ▣ EMPLOYEE DISHONESTY
- ▣ FORGERY OR ALTERATION
- ▣ THEFT, DISAPPEARANCE & DISTRUCTION

**EXCESS/UMBRELLA LIABILITY**

- ▣ \$1,000 MINIMUM PREMIUM
- ▣ UP TO \$5,000,000 LIMIT

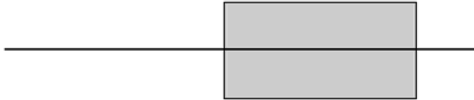
**SURETY**

- ▣ BID BONDS
- ▣ PERFORMANCE BONDS
- ▣ Miscellaneous License and Permit Bonds

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**CONTACT INFORMATION:**

F. Darrell Lindsey  
State Licensed Agent/Broker  
PH: 866-937-7037  
FX: 866-937-7010  
E-mail: [fdl@LLLinsuranceservices.com](mailto:fdl@LLLinsuranceservices.com)  
Website: <http://www.LLLinsuranceservices.com>



**LETTER OF AUTHORIZATION**

To Whom It May Concern:

I the undersigned FIRST NAMED INSURED do hereby authorize the following persons:

F. Darrell Lindsey – U.S. State Licensed Agent/Broker

To act on behalf of \_\_\_\_\_

For the purpose of obtaining quotes for insurance under the following policies:

- |   |  |
|---|--|
| <input type="checkbox"/> <u>Business Liability</u>                    | <input type="checkbox"/> <u>Professional Liability</u>             |
| <input type="checkbox"/> <u>Workers Compensation</u>                  | <input type="checkbox"/> <u>Property Insurance</u>                 |
| <input type="checkbox"/> <u>Business or Commercial Auto Liability</u> | <input type="checkbox"/> <u>Excess or Umbrella Liability</u>       |
| <input type="checkbox"/> <u>Group or Individual Health Insurance</u>  | <input type="checkbox"/> <u>Directors &amp; Officers Liability</u> |
| <input type="checkbox"/> <u>Other Insurance (describe) :</u>          | <input type="checkbox"/> <u>Self-Insurance Programs</u>            |

This authorization also constitutes the right to furnish F. Darrell Lindsey representatives with all the information that may be requested from any current provider of Insurance, with respect to existing insurance policies, for the purpose of obtaining rates, rating schedules, surveys, reserves, retentions and all other current policy data, including claim loss runs, for review and study, relating to the present and future requirements in connection with the insurance programs to which this authorization applies. A photo copy of this authorization shall be regarded with the same force and effect as the original.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Authorized Contact Persons Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City and State: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

(X) E-Mail Address: \_\_\_\_\_



F. Darrell Lindsey  
U.S. Licensed Broker &  
LLL Insurance Services  
Calif. #0F37860

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

www.LLLinsuranceservices.com

## ROOFERS AND SIDING DISCOVERY QUESTIONNAIRE

THIS IS FOR QUOTATION PURPOSES ONLY - THIS IS NOT A BINDER SIC CODE # \_\_\_\_\_

### I. GENERAL INFORMATION

Proposed Effective Date: \_\_\_\_\_

\* 1. Business Name: \_\_\_\_\_ \* SS# OR FEIN # \_\_\_\_\_

2. Business Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\* E-MAIL: \_\_\_\_\_ Web Site: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Physical Location of Business (if different): \_\_\_\_\_

4. Population within 50 miles: \_\_\_\_\_ County: \_\_\_\_\_

#### 5. Other Locations Used:

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

6. Please list any other names the business is or has been known by: \_\_\_\_\_

\* 7. Contact Person: \_\_\_\_\_

\* 8. What is your Business License Number? \_\_\_\_\_

\* 9. What is your Business License classification or designation? \_\_\_\_\_

\* 10. What is your License type? \_\_\_\_\_

What state(s) are you licensed in? \_\_\_\_\_

11. Is this a new business?  Yes  No If no, how many years have you been in business? \_\_\_\_\_

\* 12. How many years of experience? \_\_\_\_\_

13. Insured is:  Individual  Corporation  Partnership  Joint Venture  Other (describe): \_\_\_\_\_

14. Does applicant currently own/operate or provide contract mgmt. services to any other related business?  Yes  No

If Yes, need name and percentage of ownership, if any: \_\_\_\_\_

What is the purpose of this operation?

National Headquarters  
LLL Insurance Services  
F. Darrell Lindsey  
P.O. Box 526357  
Salt Lake City, Utah 84152-6357  
PH: 866-937-7037 • 866-937-7010  
Form # LLL-A-125-04/14/2015

COMPLETE:  
1. "ON LINE" AND SUBMIT  
OR  
2. PRINT "NOW" (OR AT ANY TIME)  
AND FAX BACK.

A. Is this a separate business organized for the purpose of setting up a separate worker company, that you then sub-contract with, to provide job-related services, that provides 50% or more of your sub-contracted on-the-job worker services?  Yes  No If YES, please explain: \_\_\_\_\_

15. Total Number of Employees: # \_\_\_\_\_ Full-Time: # \_\_\_\_\_ Part-Time: # \_\_\_\_\_

16. PAYROLL for your Company:

A. \* TOTAL Company annual payroll: \* \$ \_\_\_\_\_ GROSS AMOUNT

1.	Direct Operations payroll	\$ _____
2.	Office and Clerical payroll	\$ _____
3.	Executive and Management payroll	\$ _____
4.	Driver payroll	\$ _____
5.	Other payroll – Explain	\$ _____

B. \* TOTAL Subcontracted Services Cost (if any) \* \$ \_\_\_\_\_ GROSS AMOUNT  
 \*Show detail below as may apply, (if any).

Cost Type of Service – One or More

# _____	1. Direct <u>Sub-Contractor</u> Costs	\$ _____
# _____	2. Direct <u>Job Operation/Service</u> Payroll	\$ _____
# _____	3. Sales and Bidding Services - Independent	\$ _____
# _____	4. <u>Subcontracted</u> 1099 Operation/ <u>Job</u> Costs	\$ _____
# _____	5. Other _____	\$ _____

\* Above "A thru E" must TOTAL the Subcontracted Service Cost above on the Section "B" Line.

17. GROSS RECEIPTS – All Operations

\* A. TOTAL Annual Gross Receipts from ALL Operations: \* \$ \_\_\_\_\_ GROSS AMOUNT

A.	Direct Company Operations/Services	\$ _____
B.	From Sub-Contracted Job Operations/Services	\$ _____
C.	Sale of Products - Wholesale	\$ _____
D.	Consulting Only Services ( <i>Professional Liability is excluded however</i> )	\$ _____
E.	Retail Product Sales – No Services	\$ _____
F.	Other _____	\$ _____

\* Above "A thru F" must total Annual Gross Income.

National Headquarters LLL Insurance Services F. Darrell Lindsey P.O. Box 526357 Salt Lake City, Utah 84152-6357 PH: 866-937-7037 • 866-937-7010 Form # LLL-A-125-04/14/2015		<b>COMPLETE:</b> 1. "ON LINE" AND <u>SUBMIT</u> <u>OR</u> 2. PRINT "NOW" (OR AT ANY TIME) AND FAX BACK.
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\* 18. Provide payrolls, sub-contract costs for past five (5) years and estimate for "next twelve" (12) months:

Year	Gross Annual Payroll Per #16 above	<u>Insured</u> Sub-Contractor Costs	<u>Uninsured</u> Sub-Contractor Costs	<u>Total Gross Sub-Contractor</u> Costs
* Next 12 Mos.				

**INSURANCE HISTORY**

\* 19. Please provide Insurance Company Name(s) for all companies that provided insurance for the last three (3) years.

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Expiring Policy #			
Limits (per accident / aggregate)			
Effective Retro Date:			

\* 20. Have you ever had a claim?  Yes  No Please complete and sign the attached Claims and Loss history form(s).

21. DESIRED INSURANCE / Limit of Liability desired:

<input type="checkbox"/>	A	\$25,000 PER CLAIM	\$50,000 COMBINED ANNUAL AGGREGATE
<input type="checkbox"/>	B	\$50,000 PER CLAIM	\$100,000 COMBINED ANNUAL AGGREGATE
<input type="checkbox"/>	C	\$100,000 PER CLAIM	\$200,000 COMBINED ANNUAL AGGREGATE
<input type="checkbox"/>	D	\$150,000 PER CLAIM	\$300,000 COMBINED ANNUAL AGGREGATE
<input type="checkbox"/>	E	\$200,000 PER CLAIM	\$400,000 COMBINED ANNUAL AGGREGATE
<input type="checkbox"/>	F	\$250,000 PER CLAIM	\$500,000 COMBINED ANNUAL AGGREGATE
<input type="checkbox"/>	G	\$250,000 PER CLAIM	\$1,000,000 COMBINED ANNUAL AGGREGATE
<input type="checkbox"/>	H	\$500,000 PER CLAIM	\$1,000,000 COMBINED ANNUAL AGGREGATE
<input type="checkbox"/>	I	\$1,000,000 PER CLAIM	\$2,000,000 COMBINED ANNUAL AGGREGATE

A. Self Insured Retention (SIR) Requested:  \$1,500  \$2,500  \$5,000  \$10,000

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22. Are you a member of any city, county, state, or national Industry Trade Association?  Yes  No  
 If YES, please note in abbreviated reference those associations:

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**BUSINESS ACTIVITIES**

23. Population within 50 miles of primary location: \_\_\_\_\_

\* 24. Number of non-operational employees:

Salesmen	Collectors	Messengers	Drivers	Draftsmen	Clerical	Executives

\* 25. Estimated number of jobs or projects expected during the next 12 months? # \_\_\_\_\_

\* 26. **LARGEST JOB OR PROJECT:**

a. Identify the three (3) largest jobs "OR" projects in the "prior 3 years" by GROSS RECEIPTS:

- 1.  JOB     PROJECT    Gross Receipts: \$ \_\_\_\_\_ Name \_\_\_\_\_
- 2.  JOB     PROJECT    Gross Receipts: \$ \_\_\_\_\_ Name \_\_\_\_\_
- 3.  JOB     PROJECT    Gross Receipts: \$ \_\_\_\_\_ Name \_\_\_\_\_

\* 27. Business Operations Breakdown--Identify percentage of your business operations:

Commercial – <u>not</u> over 2 stories	
Commercial – <u>over</u> 2 stories	
Residential – single family or twin home – not over 2 story structure	
EPDM	
PVC	
Modified PVC	
Other	

\* 28. Has or will any of your work involve the construction of, or be for, condominiums or townhouses?  Yes  No

- If YES: A Is the work new construction?  Yes  No
- B. Or Repair only?  Yes  No

\* 29. Has or will any of your work involve the construction of, or be for, apartments?  Yes  No

- If YES: A. is the work new construction?  Yes  No
- B. Type: Senior % \_\_\_\_\_ HUD % \_\_\_\_\_ Low Income % \_\_\_\_\_ Standard % \_\_\_\_\_

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- \* 30. Any tract homes?  Yes  No  
 If YES: A. Maximum number of homes in tract # \_\_\_\_\_  
 B. Maximum number of tract projects per year # \_\_\_\_\_

- \* 31. Estimate total "gross receipts" from Roofing operations only, including material and repair services for next 12 months:

Commercial	
Residential	

- \* 32. "Total Gross" Annual Receipts from "all" business operations, roofing, siding, and non-roofing or siding operations, and product sales, retail sales, other work: \$ \_\_\_\_\_
- \* 33. "Total Gross" Annual Receipts from "new" construction Roofing only (not re-roofing) contractor \$ \_\_\_\_\_ Services.
34. "Total Gross" Annual Receipts from new construction Siding operations only: \$ \_\_\_\_\_
35. What percent of your total gross receipts is received from work you perform for other contractors? \_\_\_\_\_%
- \* 36. What percent of work is repair of old Roofs? \_\_\_\_\_%
37. What percent of work is repair of old Siding? \_\_\_\_\_%
- \* 38. What percent of work is replacement of old Roofs? \_\_\_\_\_%
39. What percent of work is replacement of old Siding? \_\_\_\_\_%

- \* 40. Does your business:
- i. Perform renovations involving structural change to load-bearing walls?  Yes  No
  - ii. Perform external work above two stories?  Yes  No
  - iii. Lease or rent equipment to others?  Yes  No
- If YES to any of above, explain:

- iv. Lease or rent equipment from others?  Yes  No
- If YES, what?

- 
- v. Distribute or sell (retail) building materials or supplies for installation by others?  Yes  No
- If YES, show annual gross receipts from distribution or sale: \$ \_\_\_\_\_

- \* 41. Do you hire sub-contractors?  Yes  No
- If YES: complete below:
- A. Do you require certification and evidence of LIABILITY insurance from Sub-Contractors?  Yes  No
  - B. Do you require evidence of Workers Compensation insurance from Sub-Contractors?  Yes  No
  - C. Do you have a formal written contract with any sub-contractor that provides sub-contracted services for you that includes a "Hold Harmless" agreement relative to work performed by the Sub-contractor?  Yes  No
- If NO, are you willing to adopt a formal procedure to satisfy this requirement?  Yes  No

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42. Do you currently provide Workers Compensation coverage to all employees?  Yes  No

43. What percentage (%) of your employees has been working for you for **MORE** than 12 months? \_\_\_\_\_%

\* 44. Provide Gross annual receipts from work **sub-contracted out to others**, if any? \$ \_\_\_\_\_

A. Explain type of work you sub-contracted out:

45. Have you allowed or will you allow your license to be used by any other contractor for a project on which you have worked?  Yes  No

\* 46. Do you require "subcontractors" to **name you** as an additional insured and provide endorsement of same?

Yes  No Limit Required: \$ \_\_\_\_\_ Written Contract?  Yes  No

If **NO**, during the pendency of the policy to which this application is attached, do you warrant that adequate records of (1) certificate of insurance, (2) additional insured endorsement, and (3) Contractual Agreements with subcontractors will be kept?  Yes  No

If **YES**, do you warrant that during the pendency of the policy to which this application is attached you will continue to keep adequate records of certificates of insurance/additional insured endorsement and contractual agreements with subcontractors in your office?  Yes  No

\* 47. Percentage of Work Performed on:

Apartments \_\_\_\_\_% Industrial Buildings \_\_\_\_\_% Office Buildings \_\_\_\_\_%  
 Condominiums \_\_\_\_\_% One/Two Family Dwellings \_\_\_\_\_% Tract Homes \_\_\_\_\_%  
 Other - explain: \_\_\_\_\_%

\* 48. Maximum percentage of your work done in past five (5) years on:

- A. Condo / Townhouse projects \_\_\_\_\_%
- B. Apartment projects \_\_\_\_\_%
- C. Condominium/Townhouse Largest Complex (No. of units) # \_\_\_\_\_
- D. Apartment Complexes – Largest (No. of units) # \_\_\_\_\_

\* 49. Percentage of work which is: (Each column across **must equal 100%** for each line, A, B, C, D, E.) TOTAL:

A. Re-roofs		A. Repair/Patch Work		A. New Roofs		A. = 100 %
B. 1 to 3 Story		B. 4 to 5 Story		B. Over 5 Story		B. = 100 %
C. Slate		C. Wood Shake/Shingle		C. Composition		C. = 100 %
C. Tile		C. Polyurethane Foam		C. Metal		
C. Hot Composition		C. Other:		C. Aluminum		
D. Flat		D. Patched		D. Other		D. = 100 %
E. Apartments		E. Industrial Buildings		E. Office Buildings		E. = 100 %
E. Condominiums		One/Two Family Dwellings		E. Residential Tract		

Explain Other:

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\* 50. If you are a Roofing Contractor, Sub-contractor or performing roofing work, do you use:

Hot Tar \_\_\_\_\_%  Yes  No  
 Torch Down \_\_\_\_\_%  Yes  No  
 Hot Air Welding \_\_\_\_\_%  Yes  No

Modified Bitumen (HOT)  Yes  No  
 Modified Bitumen (COLD)  Yes  No  
 Other: \_\_\_\_\_

Explain How many job(s) per year?  
 \_\_\_\_\_

51. Do you use any spray method for applying roofing materials?  Yes  No

If YES, are Flammable liquids or catalysts used?  Yes  No

52. Do you install any type of elastomer roof coverings requiring spraying or use of flammable liquid or open fires?

Explain: \_\_\_\_\_  Yes  No

53. Are all jobs inspected by a foreman or the contractor at completion before leaving job site?  Yes  No

If Yes, explain: \_\_\_\_\_

54. Which of the following does applicant use?

Cranes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Kettles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Roof Cleaning Tractors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hoists	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Forklifts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Scaffolding	<input type="checkbox"/> Yes	<input type="checkbox"/> No

a. If risk involves heating kettles, are they equipped with automatic shut-off valves?  Yes  No

55. The coverage may exclude the following. "If so", do you want the coverage noted to be quoted?

Use of "Hot Tar"	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Property Damage from Water, Rain, Snow, Sleet, or Ice. If covered are proper Industry standard conditions met?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use of subcontractors	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Work Over 3 Stories	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Products	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Completed Operations	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\* 56. Please provide a percentage of your WORK as it applies to the following:

A. Sub-Contractor Services you provide "TO" General Contractors - total annual Gross Receipts \$ \_\_\_\_\_

1. Sub-Contractor Work "for" Gen. Contractors primary Commercial \_\_\_\_\_% of total.
2. Sub-Contracted work primarily RESIDENTIAL "for" General Contractors: Percentage of TOTAL earned Gross Receipts? \_\_\_\_\_% of total all work?
3. Sub-Contractor Work single family – 15 or less TRACT HOME projects (up to 15 units in TRACT) \_\_\_\_\_% of total.
4. Sub-Contractor Work single family over 15 units TRACT HOME project \_\_\_\_\_%
5. Sub-Contractor work single family NEW custom homes for General Contractor: \_\_\_\_\_%

B. Artisan Contractor Services "Direct" with Building Owners: Total annual Gross Receipts \$ \_\_\_\_\_

1. Artisan Contractor – Commercial Direct Services to Building Owner \_\_\_\_\_% of total
2. Artisan Contractor – Residential Direct Services to Building Owner \_\_\_\_\_% of total

National Headquarters LLL Insurance Services F. Darrell Lindsey P.O. Box 526357 Salt Lake City, Utah 84152-6357 PH: 866-937-7037 • 866-937-7010 Form # LLL-A-125-04/14/2015	<b>COMPLETE:</b> 1. "ON LINE" AND <u>SUBMIT</u> <u>OR</u> 2. PRINT "NOW" (OR AT ANY TIME) AND FAX BACK.
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57. Show percentage of work performed (must total 100%) reading across the line:

A. New Construction		A. Remodeling & Reroofing		A. Demolition		A. Repair		TOTAL = 100 %
B. Commercial		B. Industrial		B. Residential		B. Institutional		= 100 %
C. Rural		C. Suburbs		C. Urban		C. Metro		= 100 %

58. Please provide name for the person managing your accounting services, financial reports and tax filings:

Name: \_\_\_\_\_ Business Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-MAIL: \_\_\_\_\_ Years with Company: \_\_\_\_\_

Accountant's Responsibilities:

---

59. Is your company "aware" of any facts, circumstances, incidents, situations, damage or accidents (including but not limited to: faulty or defective workmanship, product failure, construction dispute, property damage or construction worker injury) that a reasonable prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company?  Yes  No

If YES, please explain:

60. Do you perform any of the following?

Waterproofing		Mold Remediation	
Flame Related Service		Carpentry	
Asbestos Removal		Insulation	
Rain Gutters		Other:	

Explain if any:

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## INCLEMENT WEATHER PROCEDURES

61. Describe the procedure utilized by applicant to determine the possibility of the onset of inclement weather:

62. Describe the procedure utilized by applicant to protect an open roof when leaving a job site for an extended period of time:

63. Does Applicant use scaffolding?  Yes  No

If Yes, is scaffolding used owned by the applicant?  Yes  No

If Yes, is it rented from others does applicant do so under a rental contract?  Yes  No

64. Describe the types of projects in which the Insured specializes, if any:

---

65. Are you named as an Additional Insured on any subcontractors insurance coverage policy?  Yes  No

66. Do you follow the provisions of any law or regulation giving builders and contractors the right to CORRECT DEFECTS In construction or work completed (sometimes known as "Right to Repair" laws)?  Yes  No

### LOSS CONTROL

67. Do you have a job site Loss Control Program with the following provisions?

a. Written Loss Control Program  Yes  No

b. Pre-Planning Meeting  Yes  No

c. Safety Meetings  Yes  No

    Attendance documented  Yes  No

d. Site Safety Inspection  Yes  No

    Check List  Yes  No

e. Non-compliance notice  Yes  No

    Safety violations  Yes  No

    Public safety hazards  Yes  No

f. Accident Reporting System  Yes  No

g. "Right to Know"  Yes  No

    MSDS sheets on site  Yes  No

    Training sessions  Yes  No

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68. In narrative form, please explain the operations and activities of your business:

**NOTICE**

**NOTICE**

**NOTICE**

Please make certain you answer “all and every question” even if N/A. No question that is asked should go unanswered or the space left blank. Putting a “0” or “none” in every space is recommended.

Please make certain you complete and sign each of the separate claim disclosure form(s) HEREIN ATTACHED - even if you write NONE or -0- in spaces and sign. IT is important to disclose all facts as being read and answered even if not applicable.



National Headquarters  
LLL Insurance Services  
F. Darrell Lindsey  
P.O. Box 526357  
Salt Lake City, Utah 84152-6357  
PH: 866-937-7037 • 866-937-7010  
Form # LLL-A-125-04/14/2015

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**FRAUD WARNING**

NOTICE TO ALL STATES INCLUDING SPECIAL NOTICE TO ARKANSAS, COLORADO, FLORIDA, KENTUCKY, MAINE, MINNESOTA, NEW JERSEY, NEW MEXICO, NEW YORK, OHIO AND PENNSYLVANIA APPLICANTS: **“ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND MAY BE SUBJECT TO SUBSTANTIAL CIVIL FINES AND CRIMINAL PENALTIES.”**

**REPRESENTATIONS AND WARRANTIES**

The “Applicant” is the party to be named as the “Insured” in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant’s request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant’s losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a sub-limit of liability for certain exposures, (ii) quote certain coverage(s) with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer’s accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant’s facsimile signature on the Application as an original signature for all purposes.

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

Applicant: \_\_\_\_\_  
Signature – Type if On Line

Agent/Broker: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\* For “ON LINE” forms completion – Please type your name on the signature line.

Please "SAVE" the completed application to your desktop and return by ATTACHING it to an email and send to **F. Darrell Lindsey - FDL@LLLINSURANCESERVICES.COM**

National Headquarters LLL Insurance Services F. Darrell Lindsey P.O. Box 526357 Salt Lake City, Utah 84152-6357 PH: 866-937-7037 • 866-937-7010 Form # LLL-A-125-04/14/2015		<b>COMPLETE:</b> <b>1. “ON LINE” AND <u>SUBMIT</u></b> <b><u>OR</u></b> <b>2. PRINT “NOW” (OR AT ANY</b> <b>TIME) AND FAX BACK.</b>
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**STATEMENT OF NO KNOWN  
CLAIMS / CIRCUMSTANCES**

**B**

Note: This statement must be signed and returned with the completed application.

The signature below confirms that:

- I have no known losses or claims that have not been reported to my prior insurance carrier or any other source from which payment might be made;
- I have no knowledge of facts or circumstances that relate to an incident(s) arising from services which could reasonably result in a claim, that has not been reported to a prior insurance carrier;
- I have no knowledge or information relating to service or services which might result in a claim; and
- I have no knowledge of any prior liability carrier refusing coverage for, or demanding to accept a report of an incident, threat of a claim, letter of intent, adverse result notice or attorney contact.

The applicant declares that the information contained herein is accurate and that no material facts have been suppressed. The applicant understands and acknowledges that the information contained in the application is deemed material and that any policy issued by the Company is done so in reliance upon the truth of the applicant's representations. The applicant understands that incorrect information could void coverage.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TYPE IF COMPLETED ON LINE**

Printed Name: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**\* FOR "ON LINE" FORM COMPLETION – TYPE YOUR NAME ON THE SIGNATURE LINE.**

<p>National Headquarters LLL Insurance Services F. Darrell Lindsey P.O. Box 526357 Salt Lake City, Utah 84152-6357 PH: 866-937-7037 • 866-937-7010 Form # LLL-A-125-04/14/2015</p>		<p><b>COMPLETE:</b> <b>1. "ON LINE" AND <u>SUBMIT</u></b> <b><u>OR</u></b> <b>2. PRINT "NOW" (OR AT ANY</b> <b>TIME) AND FAX BACK.</b></p>
--	--	--



**CLAIMS HISTORY WARRANTY  
REPLACES INSURED'S FIVE-YEAR LOSS RUNS  
\* PUT "0" OR A DATE ON EACH LINE.**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL FACT THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

Business Name: \_\_\_\_\_

It is understood and agreed that in lieu of the required insurance company loss runs required to document the state of prior Loss History of the named insured, the following statement of prior claims will be accepted as a supplement to the application information and will also serve as a warranty statement to be made a part of any policy issued.

Policy Year	Date of Loss	Description of Loss	Amount Paid

**PLEASE ADVISE:** If you are reporting **NO** claims; please explain the business practices and risk management procedure you have taken; **LIKE**; like special hiring procedures, screening new clients, job inspections, signed acknowledgement of risk forms, requiring signed work orders, employee training, etc., **THAT YOU BELIEVE HELP** prevent the filing of claims?

Explain in your own words:

If necessary, additional Loss History and Warranty Forms can be used to complete the required five-year history.

The insured must sign each separate completed form.

As the Named Insured, I warrant that the above loss history represents all claims, loses and accidents, of any kind, in which the Named Insured has direct knowledge. \* **SIGN AND DATE THIS FORM.**

\_\_\_\_\_  
Authorized Signature – Type if On-Line Completion      Please Type or Print Name      Date

\_\_\_\_\_  
Witness's Signature      Witness's Name      Date

**\* FOR "ON LINE" FORM COMPLETION – TYPE YOUR NAME ON THE SIGNATURE LINE.**

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## STATE LEGAL SYSTEMS

Your State Legal Systems can:

- ▣ Destroy Jobs
- ▣ Raise Taxes
- ▣ Take Your Money
- ▣ Increase Insurance Rates
- ▣ Eliminate the Ability to Obtain Insurance At All

Businesses are reluctant to locate in a state (or maybe even a county in the State) with a reputation of having unfair laws or court system. Plaintiff Attorneys' always go FORUM shopping to locate courts with a history that will be in their favor. Lawsuits (not including claims paid without a lawsuit) cost \$245 Billion, or every American \$845 a year, as reported in a study by Tillinghast, Towers, Perrin in January 2005.

In a recent report provided by the U.S. Chamber Institute for Legal Reform, [www.instituteforlegalreform.org](http://www.instituteforlegalreform.org), the Institute identified its best to worst list.

As indicated by the survey the BEST to the WORST are noted below. Insurance rates are significantly influenced by the courts in every state. Why are your rates higher than someone in another state, or even someone in another country within your state, and why is insurance coverage even hard to find at all? It may be because of the court system or LAWS in your state or county are broken? Check out the Institutes website for more information!

### BEST TO WORST LEGAL SYSTEMS:

1	Delaware	13	Colorado	25	Oregon	38	New Mexico
2	Nebraska	14	Utah	26	Ohio	39	South Carolina
3	North Dakota	15	Washington	27	New York	40	Missouri
4	Virginia	16	Kansas	28	Georgia	41	Hawaii
5	Iowa	17	Wisconsin	29	Nevada	42	Florida
6	Indiana	18	Connecticut	30	New Jersey	43	Arkansas
7	Minnesota	19	Arizona	31	Massachusetts	44	Texas
8	South Dakota	20	North Carolina	32	Oklahoma	45	California
9	Wyoming	21	Vermont	33	Alaska	46	Illinois
10	Idaho	22	Tennessee	34	Pennsylvania	47	Louisiana
11	Maine	23	Maryland	35	Rhode Island	48	Alabama
12	New Hampshire	24	Michigan	36	Kentucky	49	West Virginia
				37	Montana	50	Mississippi

F. Darrell Lindsey  
U.S. State Licensed Agent/Broker

P. O. Box 526357, Salt Lake City, Utah 84152-6357  
PH: 866-937-7037 • FX: 866-937-7010  
E-Mail: [fdl@LLInsuranceServices.com](mailto:fdl@LLInsuranceServices.com)

# 5

## reasons

F. D. LINDSEY ASSOCIATES is the Right Insurance Solution for the Construction and Building Trades Industry.

**1**  
Our **NATIONWIDE OPERATIONS** understand the Construction and Building Trades Industry.

**2**  
We provide 45+ years of Direct experience in not only insurance solution but viable self-insurance options. Not only for **LIABILITY**, but **Workers Compensation, Group Health, Builders Risk Policies, Bonds, Property, and AUTO.**

**3**  
We offer risk control programs, risk management information and construction industry education. Monthly newsletters are available for the Construction Industry Nation-wide. We provide Web risk manager guides and online class room training. This will help reduce and control your loss exposures.

**4**  
Our network of over 250 Attorneys and 75 nation-wide claims adjuster offices process claims quickly and fairly. We help injured workers get healthy and return to work sooner. We have online claims information access for all clients. As permitted by law – claims **DATA** is available online for clients to review and provide support management.

**5**  
Our Industry experts under-stand the Building Trades, Construction, Sub-Contractors and Artisan contractor services. For 46+ years our companies and industry associates have devoted their lives managing the unique and special risks associated with the Construction Industry. Our partnership with trade associations, manufacturers, industry experts and claims administrators ensures that we will stay ahead of all changes and trends in the Construction Industry. We are your partner in the managing and transferring of risk.



F. D. Lindsey Associates  
In Cooperation with  
LLL Insurance Services, LLC  
P. O. Box 526357, Salt Lake City, UT 84152-6357  
PH: 866-937-7037 • FX: 866-937-7010  
E-Mail: [fdl@LLLinsuranceservices.com](mailto:fdl@LLLinsuranceservices.com)

**“NATIONWIDE OPERATIONS”**

**COMMERCIAL BUSINESS INSURANCE**

The Insurance coverages available will help companies manage a wide range of risks and exposures encountered in today's business environment.

**LEARN MORE ABOUT SOLUTIONS**



Commercial and Professional Insurance Solutions that address the Insurance needs of all Business Owners and Professionals.



Business Auto Insurance tailored to meet the needs of the client.



Workers' Compensation, Property Insurance, Bonds, all designed for the Business Owners of today.



Self Funded Health Insurance for Employee Groups of 25 employees or more.

**SELF-INSURANCE**



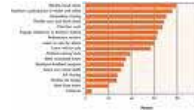
Self Insurance for an Owner, Association Group Program, or several owners combining to manage their own risks.

Captives, RRG Insurance Companies, Self-Insurance

<http://www.artnwinuranceservices.com>

**PROFESSIONAL INSURANCE**

Almost every business may have some professional exposures, not just LICENSED Professionals with degrees like:



Employment Practices LIABILITY for claims filed involving wrongful termination, sexual harassment, wage discrimination, etc., etc..

**OR**



Professional Insurance coverage for Doctors, Architects, Lawyers, Nursing Homes, & Health Care Providers.

**OTHER INSURANCE COVERAGE**



Group Health Insurance for; Single Owner, Employee Programs, Deductible Plans, Co-Pay Programs, Self Insured Captives.



Surety and Permit Bonds.



Directors and Officers Liability.



Property Insurance



Business and Commercial Auto Insurance For All Types of Business Owners

<http://www.highcountryinsurancegroup.com>

Please go to:

<http://www.combinedindustrypurchasinggroup.com>

For more information.

- As Agent & Broker
- Licensed all states - As an Enterprise Risk
- “Nationwide” Management (ERM) Consultant
- As a State Approved Captive/RRG/Self Insured Mgr.

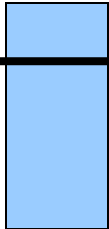
F. Darrell Lindsey  
U.S. State Licensed Agent/Broker  
PH: 1-866-937-7037 FX: 1-866-937-7010  
E-Mail: [fdl@LLinsuranceservices.com](mailto:fdl@LLinsuranceservices.com)

**INSURANCE APPLICATION**

**FAX  
BACK  
COVER  
SHEET**

TO: 866-937-7010

FROM: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
FAX: \_\_\_\_\_  
E-Mail: \_\_\_\_\_



TO: \_\_\_\_\_

Phone: 866-937-7037

FAX: 866-937-7010

E-Mail: [fdl@LLLinsuranceservices.com](mailto:fdl@LLLinsuranceservices.com)



Comments: \_\_\_\_\_  
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F. Darrell Lindsey / State Licensed Agent/Producer  
P. O. Box 526357, Salt Lake City, Utah 84152-6357  
PH: 866-937-7037 • FX: 866-937-7010

Website: <http://www.LLLinsuranceservices.com> • E-Mail: [fdl@LLLinsuranceservices.com](mailto:fdl@LLLinsuranceservices.com)