

**THE  
APPLICATION  
PROCESS**



**50+ 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 lines 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

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  
Salt Lake City, UT 84152-6357  
PH: 866-937-7037  
FX: 866-937-7010

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

LLL Insurance Services  
P. O. Box 526357  
Salt Lake City, UT 84152-6357  
PH: 866-937-7037  
FX: 866-937-7010

Web: <http://www.LLLinsuranceservices.com>  
Email: [fdl@LLLinsuranceservices.com](mailto:fdl@LLLinsuranceservices.com)  
Form LLL-A-201 – 5/10/2012



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 with 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

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  
Salt Lake City, UT 84152-6357  
PH: 866-937-7037  
FX: 866-937-7010

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

LLL Insurance Services  
P. O. Box 526357  
Salt Lake City, UT 84152-6357  
PH: 866-937-7037  
FX: 866-937-7010

Web: <http://www.LLLinsuranceservices.com>  
Email: [fdl@LLLinsuranceservices.com](mailto:fdl@LLLinsuranceservices.com)  
Form - FDL-LLL - 201 - 5/10/2012



## 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.

---

---

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

---

---

FULLY COMPLETED APPS ARE WORTH IT!!

**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**

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)

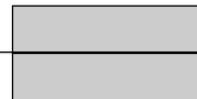
ART New World Insurance Services  
P. O. Box 526357  
Salt Lake City, UT 84152-6357  
PH: 866-937-7037  
FX: 866-937-7010

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

LLL Insurance Services  
P. O. Box 526357  
Salt Lake City, UT 84152-6357  
PH: 866-937-7037  
FX: 866-937-7010

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

Form FDL-LLL – 201 – 5/10/2012



**ALSO AVAILABLE:**

**GENERAL OR PROFESSIONAL**

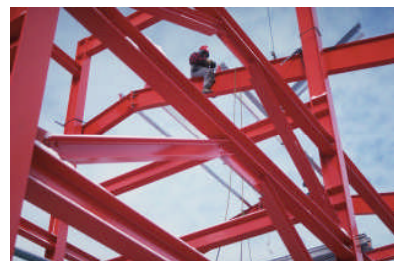
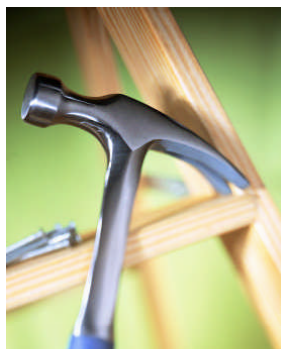
- ▣ BUSINESS LIABILITY
- ▣ ERRORS & OMISSIONS ENDORSEMENT
- ▣ CARE, CUSTODY, CONTROL COVERAGE
- ▣ LOST KEY COVERAGE
- ▣ EMPLOYMENT PRACTICES LIABILITY
- ▣ PRODUCTS & COMPLETED OPERATIONS

**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

**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>

## 10 Questions to ask about Cyber Liability

- What would be the worst-case scenario if the private personal information your employees and clients entrusted to you were stolen? (**Money, reputation, loss of customers**)
- How many paper and electronic records do you have stored? (**Past and present clients; past, present and prospective employees**)
- Do you have written agreements concerning privacy with outside vendors? (**Document storage, janitorial services, cloud providers**)
- What type of social media is your business using? Are there restrictions to its administration? (**Landmines include—Invasion of privacy, copyright and trademark liability, defamation and slander**)
- Are you aware of the exclusions in your P&C and GL policies? (**Copyright, trademark, social media, electronic data and cost to recreate, outages caused by viruses or hackers**)
- Are you familiar with the most recent privacy breaches in your industry? (**Google or visit [privacyrights.org](http://privacyrights.org)**)
- Are you aware that the average 1st party cost for a claim is \$73.00/record? (**Costs include Notification and credit monitoring for customers as well as public relations and call centers**)
- Are you familiar with our state's regulations for notification in the event of a privacy breach? ([www.ncsl.org](http://www.ncsl.org))
- Do any of your employees access your system from a mobile device? (**The Ponemon study shows 81% of employees have access to Pits on Wads, smart phones and employee laptops**)
- Have you considered the Third-Party costs to your business in the event of a Privacy Breach? (**Intellectual property infringement, reputational injury, customer's systems being unavailable and the cost to defend your business against numerous lawsuits**)

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

LLL Insurance Services  
P. O. Box 526357  
Salt Lake City, UT 84152-6357  
PH: 866-937-7037  
FX: 866-937-7010

Web: <http://www.LLLinsuranceservices.com>  
Email: [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)

Page 5

ART New World Insurance Services  
P. O. Box 526357  
Salt Lake City, UT 84152-6357  
PH: 866-937-7037  
FX: 866-937-7010

Web: <http://www.artnwinuranceservices.com>  
Email: [fdl@artnwinuranceservices.com](mailto:fdl@artnwinuranceservices.com)  
FDL/LLL Form 1536 – 11/12/2014

LETTER OF AUTHORIZATION

To Whom It May Concern:

I the undersigned FIRST NAMED INSURED does 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 and binding insurance coverage 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</u>                       | <input type="checkbox"/> <u>Self-Insurance Programs</u>            |
- (describe) : \_\_\_\_\_

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: \_\_\_\_\_

Type if On Line Completion

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

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

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

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

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

## CYBER SECURITY LIABILITY APPLICATION

COVERAGES E., F., AND G. ARE CLAIMS MADE AND REPORTED COVERAGES.

CLAIM EXPENSES UNDER COVERAGES E., F., AND G. ARE INCLUDED WITHIN THE AVAILABLE LIMIT OF INSURANCE. ANY CLAIM EXPENSES PAID UNDER THIS COVERAGE FORM WILL REDUCE THE AVAILABLE LIMITS OF INSURANCE AND MAY EXHAUST THEM COMPLETELY. PLEASE READ THE ENTIRE POLICY CAREFULLY.

Certain terms have specific meaning as defined in the policy form and noted in **bold**. Throughout this Application the words "you" and "your" refer to the **Named Insured** shown in the Declarations, and any other person or organization qualifying as a **Named Insured** under the proposed policy.

### SECTION I – GENERAL INFORMATION

Name of Applicant: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Website: www. \_\_\_\_\_

Predominant business activity and SIC code: \_\_\_\_\_

Please list all subsidiaries for which coverage is requested under this policy.

To enter more information, please use the Additional information page attached to this application.

|                                   | US / Canada | Other Countries | Total |
|-----------------------------------|-------------|-----------------|-------|
| Total number of employees         |             |                 |       |
| Annual sales or revenue           | \$          | \$              | \$    |
| Estimated total number of records |             |                 |       |

☐ I don't know the estimated total number of records.

### SECTION II – CURRENT COVERAGE

| CURRENT CARRIER | EXPIRATION DATE | ANNUAL PREMIUM | LIMITS | RETENTION / DEDUCTIBLE | RETROACTIVE DATE |
|-----------------|-----------------|----------------|--------|------------------------|------------------|
|                 |                 | \$             | \$     | \$                     |                  |
|                 |                 | \$             | \$     | \$                     |                  |

### SECTION III - LOSS EXPERIENCE

*(Explain any "Yes" responses, including corrective actions and damages incurred on the ADDITIONAL INFORMATION page below):*

- During the past three (3) years whether insured or not, have you sustained any losses due to unauthorized access, unauthorized use, virus, denial of service attack, electronic media liability, data breach, data theft, fraud, electronic vandalism, sabotage or other similar electronic security events?

☐ Yes ☐ No

2. Within the past three (3) years, have you experienced any network related business interruption exceeding eight (8) hours other than planned maintenance? ☐ Yes ☐ No
3. During the last three (3) years, has anyone alleged that you were responsible for damage to their computer system(s) arising out of the operation of Applicant's computer system(s)? ☐ Yes ☐ No
4. During the last three (3) years, have you received a complaint or other proceeding (including an injunction or other request for non-monetary relief) arising out of intellectual property infringement, copyright infringement, media content, or advertising material? ☐ Yes ☐ No
5. During the last three (3) years, has anyone made a demand, claim, complaint, or filed a lawsuit against you alleging invasion of, or interference with rights of privacy, or the inappropriate disclosure of personally identifiable information (PII)? ☐ Yes ☐ No
6. During the last three (3) years, have you been the subject of an investigation or action by any regulatory or administrative agency for privacy-related violations? ☐ Yes ☐ No
7. Are you aware of any circumstance that could reasonably be anticipated to result in a claim being made against you for the coverage being applied for? ☐ Yes ☐ No

#### SECTION IV – RISK CONTROLS

8. Do you have a firewall? ☐ Yes ☐ No  
a. How often do you review the rules within the firewalls: \_\_\_\_\_  
b. When was the last time a rule was removed / deactivated: \_\_\_\_\_
9. Do you collect zip codes or other personal information at point of sale? ☐ Yes ☐ No
10. Do you perform virus scans of email, downloads, and portable devices? ☐ Yes ☐ No
11. Do you have restrictions regarding access to sensitive information of a third party? ☐ Yes ☐ No
12. Do you have a process for managing computer accounts, including the removal of outdated access accounts in a timely fashion? ☐ Yes ☐ No
13. Do you have physical security controls in place to control access to your computer systems? ☐ Yes ☐ No
14. Do you have access control procedures that address access to critical and sensitive computer systems? ☐ Yes ☐ No
15. Do you have a written business continuity/disaster recovery plan that includes procedures to be followed in the event of a disruptive computer incident? ☐ Yes ☐ No
16. Are system back-up and recovery procedures tested for all mission critical systems and performed at least annually? ☐ Yes ☐ No
17. Types of Personally Identifiable Information held (check all that apply):  
☐ Social Security Numbers ☐ Drivers Licenses  
☐ Bank Account Details ☐ Personal Health Information  
☐ Credit Card Numbers ☐ Other – Please specify. \_\_\_\_\_
18. Is all sensitive data  
a. encrypted at rest? ☐ Yes ☐ No  
b. encrypted in transit? ☐ Yes ☐ No  
c. accessible via mobile devices? ☐ Yes ☐ No  
If yes, are the devices encrypted? ☐ Yes ☐ No
19. How long would it take to restore your operations after a computer attack or other loss/corruption of data? ☐ 0-12 Hours ☐ 12-24 Hours ☐ 24 Hours



20. Are mission critical transactions and security logs reviewed periodically for suspicious activity? ☐ Yes ☐ No  
How frequently: \_\_\_\_\_
21. Have you undergone an information security or privacy compliance evaluation? ☐ Yes ☐ No  
If yes, identify who performed the evaluation, the date it was performed, the type of evaluation, and attach a copy of it.

Were all recommendations implemented? ☐ Yes ☐ No

22. Do you outsource (or plan to outsource) a critical part of your internal network/ computer system or internet access/presence to others? ☐ Yes ☐ No  
**If yes, check all that apply and name the service provider for each category.**

| TECH-RELATED SERVICE                              |                                                |                                           |                                       |
|---------------------------------------------------|------------------------------------------------|-------------------------------------------|---------------------------------------|
| ISP                                               | Backup, co-location and data recovery          | Financial Services and Payment Processing | Other: "cloud", ASP, SAAS, Etc.       |
| <input type="checkbox"/> Bellsouth                | <input type="checkbox"/> ATT                   | <input type="checkbox"/> Corillion        | <input type="checkbox"/> Amazon       |
| <input type="checkbox"/> Cablevision              | <input type="checkbox"/> EMC                   | <input type="checkbox"/> Datavantage      | <input type="checkbox"/> Microsoft    |
| <input type="checkbox"/> Charter                  | <input type="checkbox"/> HP                    | <input type="checkbox"/> Digital          | <input type="checkbox"/> Google       |
| <input type="checkbox"/> Comcast                  | <input type="checkbox"/> IBM                   | <input type="checkbox"/> Insight          | <input type="checkbox"/> Go Daddy     |
| <input type="checkbox"/> Cox                      | <input type="checkbox"/> Iron Mountain Storage | <input type="checkbox"/> DSS              | <input type="checkbox"/> IBM          |
| <input type="checkbox"/> Earthlink                | <input type="checkbox"/> Tek                   | <input type="checkbox"/> ECHO             | <input type="checkbox"/> HP           |
| <input type="checkbox"/> Insight BB               | <input type="checkbox"/> Sunguard              | <input type="checkbox"/> First Data       | <input type="checkbox"/> AT&T         |
| <input type="checkbox"/> Mediacom                 | <input type="checkbox"/> In-House              | <input type="checkbox"/> FI Serve         | <input type="checkbox"/> Rackspace    |
| <input type="checkbox"/> Qwest                    | <input type="checkbox"/> None                  | <input type="checkbox"/> Global Payments  | <input type="checkbox"/> Savvis       |
| <input type="checkbox"/> Road Runner              | <input type="checkbox"/> Other: _____          | <input type="checkbox"/> Jack Henry       | <input type="checkbox"/> Terremark    |
| <input type="checkbox"/> SBC(AT&T, Yahoo, Sprint) | <input type="checkbox"/> _____                 | <input type="checkbox"/> Lawson           | <input type="checkbox"/> Fujitsu      |
| <input type="checkbox"/> United Online            | <input type="checkbox"/> _____                 | <input type="checkbox"/> Metavente        | <input type="checkbox"/> Nirvanix     |
| <input type="checkbox"/> Verizon                  |                                                | <input type="checkbox"/> Paymentech       | <input type="checkbox"/> VMWare/EMC   |
| <input type="checkbox"/> Other: _____             |                                                | <input type="checkbox"/> Paypal           | <input type="checkbox"/> Salesforce   |
| <input type="checkbox"/> _____                    |                                                | <input type="checkbox"/> S-1              | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> _____                    |                                                | <input type="checkbox"/> Verisign         | <input type="checkbox"/> _____        |
|                                                   |                                                | <input type="checkbox"/> In-House         | <input type="checkbox"/> _____        |
|                                                   |                                                | <input type="checkbox"/> Other: _____     |                                       |
|                                                   |                                                | <input type="checkbox"/> _____            |                                       |
|                                                   |                                                | <input type="checkbox"/> _____            |                                       |

Other Services(explain):

23. Do you have a program in place to periodically test your data security controls? ☐ Yes ☐ No
24. Do you have written contracts in place to enforce your information security policy and procedures with third party service providers? ☐ Yes ☐ No
25. Do such contracts contain hold harmless or indemnification clauses in your favor? ☐ Yes ☐ No
26. Do you perform audit checks on your vendors and service providers who handle your privacy sensitive data and require them to have adequate security protocols? ☐ Yes ☐ No
27. Do you have a document destruction and retention policy? ☐ Yes ☐ No
28. Do you monitor your network in real time to detect possible intrusions or abnormalities in the performance of the system? ☐ Yes ☐ No

## SECTION V – PRIVACY CONTROLS

29. Have you achieved compliance with the following: (check all that apply)
- |                                                                                      |                              |                             |
|--------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> PCIDSS (Payment Card Industry Data Security Standard )      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> GLBA (Gramm-Leach-Bliley Act)                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> HIPAA (Health Insurance Portability and Accountability Act) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
30. Does your hiring process include the following for all employees and independent contractors (check all that apply):
- |                                                     |                                                 |
|-----------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Drug testing               | <input type="checkbox"/> Work history checks    |
| <input type="checkbox"/> Criminal background checks | <input type="checkbox"/> Credit history checks  |
| <input type="checkbox"/> Educational background     | <input type="checkbox"/> Other (specify): _____ |
31. Do you have a current enterprise-wide computer network and information security policy that applies to employees, independent contractors, and third-party vendors? ☐ Yes ☐ No  
If yes, is the information published within the company (e.g. corporate intranet, employee handbook, etc.)? ☐ Yes ☐ No
32. Are all employees periodically instructed on their specific job responsibilities with respect to information security, such as the proper reporting of suspected security incidents? ☐ Yes ☐ No
33. Do you have a formal privacy policy that has been approved by legal counsel? ☐ Yes ☐ No
34. Are your information systems and supporting business procedures prepared to honor customer preferences concerning the opt-out of sharing of non-public, personal information to non-affiliated third parties? ☐ Yes ☐ No
35. Do you require the transmission of personal customer information such as credit card numbers, contact information, etc., as part of your internet-based web services? ☐ Yes ☐ No

## SECTION VI – MEDIA LIABILITY CONTROLS

36. Do you have a process to review content or materials (including meta tags) before they are published, broadcasted, distributed, or displayed on your website for the following:
- |                                            |                              |                             |
|--------------------------------------------|------------------------------|-----------------------------|
| Defamation (Slander or Libel)?             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Right to privacy or publicity?             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Copyright, trademark or domain name: _____ |                              |                             |
37. Have your products or services been the subject of copyright, patent or trademark infringement allegations? ☐ Yes ☐ No
38. Does your organization use social media? ☐ Yes ☐ No
- |                                                |                              |                             |
|------------------------------------------------|------------------------------|-----------------------------|
| a. Do you monitor postings?                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Are there formal procedures for complaints? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Does legal review content?                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). **(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).**

**APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV:** ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

**APPLICABLE IN COLORADO:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

**APPLICABLE IN FLORIDA AND OKLAHOMA:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

**APPLICABLE IN KANSAS:** ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

**APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company \* in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.**

**The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.**

**\*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company.**

\_\_\_\_\_  
NAME (PLEASE PRINT/TYPE)

\_\_\_\_\_  
TITLE

(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Produced By: (Section to be completed by Producer/Broker)

\_\_\_\_\_  
PRODUCER

\_\_\_\_\_  
AGENCY

\_\_\_\_\_  
PRODUCER LICENSE NUMBER

\_\_\_\_\_  
AGENCY TAXPAYER ID OR SS NUMBER

\_\_\_\_\_  
ADDRESS (STREET, CITY, STATE, ZIP)

## ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

---

Signature

**F. Darrell Lindsey**  
LLL Insurance Services, LLC.  
PO Box 526357  
Salt Lake City, UT 84152-6357  
866-937-7037

---

Date



**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 Questionnaire, 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: \_\_\_\_\_  
Applicant:

Dated: \_\_\_\_\_  
Agent/Broker:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

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

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

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

**SPECIAL NOTICE: \*PLEASE COMPLETE AND SIGN THE ATTACHED CLAIM WARRANTEE FORM(S) BEFORE SUBMITTING THIS QUESTIONNAIRE "ON LINE" OR BY FAX.**

**GO TO LAST PAGE (JUST 3 MORE) TO SUBMIT THIS COMPLETED QUESTIONNAIRE.**

**F. Darrell Lindsey  
LLL Insurance Services  
P.O. Box 526357  
Salt Lake City, Utah 84152-6357  
PH: 866-937-7037 / FX: 866-937-7010  
Form # LLL-A-1001-03/25/2014**

1. "COMPLETE ON LINE" THEN SAVE  
AND ATTACH TO AN EMAIL
2. PRINT – COMPLETE & FAX BACK

F. Darrell Lindsey  
State Licensed  
Producer/Broker

**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 financial risk transfer source from which payment might be made;
- I have no knowledge of facts or circumstances that relate to any incident(s) arising from our business operations or services which could reasonably result in a claim, that has not been reported to a prior insurance carrier;
- I have no knowledge of any request for records from any attorney, which might result in a claim;
- I have no knowledge of any prior insurance carrier refusing coverage because of the threat of a claim, letter of intent to file a claim, or adverse result notice or attorney contact about a claim.

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: \_\_\_\_\_

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

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

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

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

F. Darrell Lindsey  
LLL Insurance Services  
P.O. Box 526357  
Salt Lake City, Utah 84152-6357  
PH: 866-937-7037 / FX: 866-937-7010  
Form # LLL-A-1001-03/25/2014

1. "COMPLETE ON LINE" THEN SAVE  
AND ATTACH TO AN EMAIL
2. PRINT – COMPLETE & FAX BACK

**F. Darrell Lindsey  
U.S. Licensed  
Producer/Broker**

**CLAIM INFORMATION SUPPLEMENT  
SEPARATE FORM FOR EACH SEPARATE CLAIM**

This Claim Information Supplement must be completed, signed and dated by the applicant for each claim, suit or circumstance reported on your application for insurance. All questions must be answered completely. If any question does not apply, indicate NOT APPLICABLE. If space is not sufficient to properly answer the question, please attach a separate page. Photocopy this form and use a separate one for each claim, suit or circumstance.

**Information:**

|       |  |                                           |  |
|-------|--|-------------------------------------------|--|
| Name: |  | Social Security Number<br>or Corp. Number |  |
|-------|--|-------------------------------------------|--|

**Claim or Circumstance Information**

|                                                        |  |                                       |  |      |  |
|--------------------------------------------------------|--|---------------------------------------|--|------|--|
| Claimant Name:                                         |  | Age:                                  |  | Sex: |  |
| Date of Alleged Incident:                              |  | Date Claims was made or Suit Brought: |  |      |  |
| Additional Defendants:                                 |  |                                       |  |      |  |
| Insurance Carrier to Whom Claim/Circumstance Reported: |  |                                       |  |      |  |

**Claim Status if Liability:**

|                      |  |                     |  |                        |  |
|----------------------|--|---------------------|--|------------------------|--|
| DISMISSED            |  | DEFENSE VERDICT     |  |                        |  |
| PLAINTIFF VERDICT    |  | TOTAL PAID \$       |  | PAID ON YOUR BEHALF \$ |  |
| SETTLEMENT           |  | TOTAL PAID \$       |  | PAID ON YOUR BEHALF \$ |  |
| OPEN                 |  |                     |  |                        |  |
| Settlement Demand \$ |  | Settlement Offer \$ |  | Loss Reserve \$        |  |

**Claim Status if Property:**

|                       |  |                                |  |
|-----------------------|--|--------------------------------|--|
| Demand Made: \$       |  | Status if not closed; Explain: |  |
| Settlement Amount: \$ |  |                                |  |

For all Paid and Reserve amounts, include both Indemnity and Expense dollars.

**Claim Description:** Include allegation(s), events leading up to the claim, and any other facts pertinent to the claim.

|  |
|--|
|  |
|  |
|  |

**PLEASE EXPLAIN:** What BUSINESS PRACTICES or RISK MANAGEMENT procedures have you developed and effected to prevent a claim like this in the future? Note any changes, like hiring procedures, client screening, signed disclosure of risk forms, JOB work orders signed, inspections of jobs completed, employee training, etc.. Explain in your own words:

|  |
|--|
|  |
|  |
|  |

The applicant declares that the information contained in this CLAIM INFORMATION SUPPLEMENT is true and that no material facts have been suppressed or misstated. 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: \_\_\_\_\_

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

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

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

F. Darrell Lindsey  
LLL Insurance Services  
P.O. Box 526357  
Salt Lake City, Utah 84152-6357  
PH: 866-937-7037 / FX: 866-937-7010  
Form # LLL-A-1001-03/25/2014

1. "COMPLETE ON LINE" THEN SAVE  
AND ATTACH TO AN EMAIL
2. PRINT – COMPLETE & FAX BACK



|                                                                 |                                                                           |
|-----------------------------------------------------------------|---------------------------------------------------------------------------|
| <b>F. Darrell Lindsey<br/>U.S. Licensed<br/>Producer/Broker</b> | <b>CLAIMS HISTORY WARRANTY<br/>REPLACES INSURED'S FIVE-YEAR LOSS RUNS</b> |
|-----------------------------------------------------------------|---------------------------------------------------------------------------|

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, losses and accidents, of any kind, in which the Named Insured has direct knowledge.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Please Type or Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness's Signature

\_\_\_\_\_  
Witness's Name

\_\_\_\_\_  
Date

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

**PLEASE "PRINT" AND FAX BACK OR "SAVE" AND ATTACH BY RETURN E-MAIL**

F. Darrell Lindsey  
LLL Insurance Services  
P.O. Box 526357  
Salt Lake City, Utah 84152-6357  
PH: 866-937-7037 / FX: 866-937-7010  
Form # LLL-A-1001-03/25/2014

1. "COMPLETE ON LINE" THEN SAVE AND ATTACH TO AN EMAIL
2. PRINT – COMPLETE & FAX BACK

## 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@fdlindseyinsurance.com](mailto:fdl@fdlindseyinsurance.com)  
Website: <http://www.combinedindustryvg.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 48+ 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

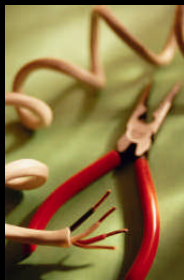
We offer risk control programs, risk management information and construction industry education. Monthly newsletters are available for the Construction Industry Nation-wide. We provide Web risk manager guides and online class room training. This will help reduce and control your loss exposures.

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.

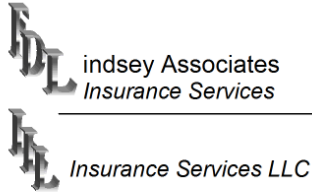
5

Our Industry experts under-stand the Building Trades, Construction, Sub-Contractors and Artisan contractor services. For 48+ 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)

Form - FDL-LLL - 87 - 2/15/2011



## "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



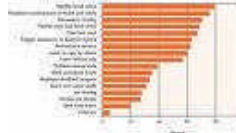
Self Insurance for an Owner, Association Group Program, or several owners combining to manage their own risks.

Captives, RRG Insurance Companies, Self-Insurance

<http://www.artnwinsuranceservices.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

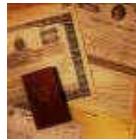


Professional Insurance coverage for Doctors, Architects, Lawyers, Nursing Homes, & Health Care Providers.

### 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@LLLinsuranceservices.com](mailto:fdl@LLLinsuranceservices.com)

Form FDL-LLL – 125 – 05/10/2012



Lindsey Associates  
Insurance Services

Insurance Services LLC

## 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:

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)

Form FDL-LLL – 125 – 5/10/2012