



**THE  
APPLICATION  
PROCESS**

**THANK YOU!**

**48 Yrs. Experience**

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  
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Form LLL-A-201 – 09/09/2009



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

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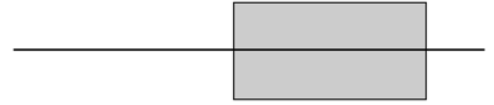
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Form – FDL-LLL – 201 – 09/09/2009



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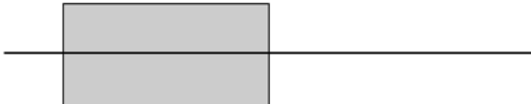
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LIKewise, IF A RATING QUESTIONNAIRE HAS BLANK  
QUESTIONS AND THE UNDERWRITER HAS TO GUESS,  
THE RATE MAY GO UP 25%.

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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)**  
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**BUSINESS INSURANCE 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

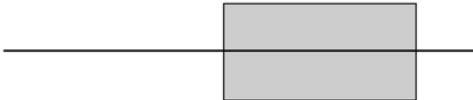
**SURETY**

- ▣ 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 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

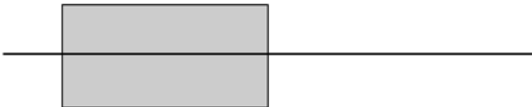
Authorized Contact Persons Name: \_\_\_\_\_

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

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

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

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



**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](http://www.LLLinsuranceservices.com)

**BUILDING AND CONTENTS  
PROPERTY INSURANCE  
DISCOVERY QUESTIONNAIRE**

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

General Information Proposed Effective Date: \_\_\_\_\_

1. Business Name: \_\_\_\_\_ SS# or FEIN#: \_\_\_\_\_

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

Mailing Address (if different): \_\_\_\_\_

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

9. How many years of experience? \_\_\_\_\_

10. Applicant is:  Individual  Corporation  Partnership  Joint Venture  Other (please describe): \_\_\_\_\_

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

**INSURANCE HISTORY**

12. Please provide Insurance Company Name(s) for all companies that providing insurance for the last three (3) years.

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$
Limits (per accident / aggregate)	/	/	/
Retro Date:			

National Headquarters  
F. Darrell Lindsey  
LLL Insurance Services  
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Salt Lake City, Utah 84152-6357  
PH: 866-937-7037 • 866-937-7010  
Form # FDL/LLL – 281 – 1/12/2010

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

**DESIRED INSURANCE**

**13. Property #1:**

- A. Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- B. What is the square footage of the entire building? \_\_\_\_\_ Stories: \_\_\_\_\_
- C. What is the square footage the business occupies? \_\_\_\_\_
- D. Do you own the Building?  Yes  No
- E. Building Construction:  Frame  Joisted Masonry  Non-Combustible  Masonry Non-Combustible  
 Modified Fire Resistive  Fire Resistive
- F. What year was it constructed? \_\_\_\_\_
- G. If over 20 years old – were any systems updated?  Yes  No **If Yes, what?**  Roof  Plumbing  
 Electrical  Heating / Air Conditioning  NO Updates
- H. Type of Fire System:  None  Wet  Dry (Chemical)
- I. Burglar Alarm System:  None  Central  Local
- J. Distance to nearest Fire Hydrant: \_\_\_\_\_
- K. Fire Protection class Code (choose one): 1  / 2  / 3  / 4  / 5  / 6  / 7  / 8  9  / 10
- L. Building coverage Limit: \$ \_\_\_\_\_; Deductible: \_\_\_\_\_.
- M. Contents coverage Limit: \$ \_\_\_\_\_; Deductible: \_\_\_\_\_.
- N. Unscheduled Equipment Floater Limit: \$ \_\_\_\_\_; Deductible: \$ \_\_\_\_\_.  
1. Maximum Per Item: \$ \_\_\_\_\_

**14. Property # 2: IF ANY (Otherwise 'SKIP')**

- A. Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- B. What is the square footage of the entire building? \_\_\_\_\_ Stories: \_\_\_\_\_
- C. What is the square footage the business occupies? \_\_\_\_\_
- D. Do you own the Building?  Yes  No
- E. Building Construction:  Frame  Joisted Masonry  Non-Combustible  Masonry Non-Combustible  
 Modified Fire Resistive  Fire Resistive
- F. What year was it constructed? \_\_\_\_\_
- G. If over 20 years old – were any systems updated?  Yes  No **If Yes, what?**  Roof  Plumbing  
 Electrical  Heating / Air Conditioning  NO Updates
- H. Type of Fire System:  None  Wet  Dry (Chemical)
- I. Burglar Alarm System:  None  Central  Local
- J. Distance to nearest Fire Hydrant: \_\_\_\_\_
- K. Fire Protection class Code (choose one): 1  / 2  / 3  / 4  / 5  / 6  / 7  / 8  9  / 10
- L. Building coverage Limit: \$ \_\_\_\_\_; Deductible: \_\_\_\_\_.
- M. Contents coverage Limit: \$ \_\_\_\_\_; Deductible: \_\_\_\_\_.
- N. Unscheduled Equipment Floater Limit: \$ \_\_\_\_\_; Deductible: \$ \_\_\_\_\_.  
1. Maximum Per Item: \$ \_\_\_\_\_

**15. Unscheduled Office Furniture and Equipment, IF ANY – ('Otherwise SKIP')**

A. Primary Use of Equipment: \_\_\_\_\_

B. Total Value? \$ \_\_\_\_\_

**GENERAL UNDERWRITING INFORMATION**

16.

<b>SUMMARY ONLY:</b>	Location 1	Location 2	Location 3
Construction Type:			
Age:			
Number of Stories:			
Other Occupancies:			
Fire Protection : sprinkler, smoke detectors)			
Previous Insurer:			
Protection Class:			

17. Please describe any claims within past five (5) years: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

18. Computer coverage – if to be insured? ('Otherwise SKIP')

19. Electronic Data Processing – Please complete this section for computer coverage.

a) Full description of equipment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b) Limits of coverage desired:

Location: \_\_\_\_\_

Computer Equipment: \$ \_\_\_\_\_

**20. VACANCY / UNOCCUPANCY – IF APPLICABLE ('Otherwise SKIP')**

Season when unused: (MM/DD/YY) - TO : (MM/DD/YY) -	Total # of Apartment Units:	# of Unoccupied Apartment Units:
Other Buildings, % Vacant (Unoccupied and No Furniture)	Other Buildings, % Unoccupied (Furnished but No Residents)	Anticipated Date Of Occupancy:
Reason for Vacancy / unoccupancy?		
How is Building Protected from Entry?		

National Headquarters

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 Form # FDL/LLL – 281 – 1/12/2010

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



Is there a Government order to vacate or destroy the building, or has the building been classified as uninhabitable or structurally unsafe?						YES		NO
Are any utilities out of service?	YES	NO	Is there un-repaired damage or have Items been stripped from building?	YES	NO	Is the Building up for sale? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Explain:			Describe:			If Yes, date listed for sale:		

**21. UNDERWRITING INFORMATION**

If the answers to any of the following questions are YES, complete <u>only</u> the appropriate questions on the comments section.			
(B) Any Mortgage Payments / Tax Liens	ARE MORTGAGE PAYMENTS OVERDUE BY THREE MONTHS ORE MORE?	Yes	No
	ARE TAX LIENS AGAINST THIS PROPERTY OR BUSINESS TAXES UNPAID OR OVERDUE FOR ONE YEAR OR MORE?	Yes	No
(C) Any Violations	ARE THERE ANY CURRENT VIOLATIONS OF FIRE, SAFETY, HEALTH, BUILDING OR CONSTRUCTION CODES AT ANY LISTED LOCATIONS?	Yes	No
(D) Any Convictions/Losses	DURING THE LAST TEN YEARS, HAS ANYONE WITH A FINANCIAL INTEREST IN THIS PROPERTY INCLUDING THE MORTGAGEE (IF OTHER THAN A FEDERALLY OR STATE CHARTERED LENDING INSTITUTION:		
	- -BEEN CONVICTED OF ANY DEGREE OF ARSON, FRAUD, OR OTHER CRIME RELATED TO LOSS ON THIS OR ANY OTHER PROPERTY? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).	Yes	No
	- -HAD ANY FIRE OR EXPLOSION LOSSES EXCEEDING \$1,000 ON THIS OR ANY OTHER PROPERTY?	Yes	No
(E) Lender	IS ANY LENDER OTHER THAN A FEDERALLY OR STATE CHARTERED LENDING INSTITUTION?	Yes	No
(F) Vacancy/ Unoccupancy	IS ANY PORTION OF THE BUILDING VACANT, UNOCCUPIED OR SEASONAL?	Yes	No
	(IF AN APARTMENT, ARE MORE THAN 10% OF THE RENTAL UNITS UNOCCUPIED?)	Yes	No
(G) Other Insurance	IS THERE ANY OTHER INSURANCE IN FORCE OR TO BE SECURED ON THIS PROPERTY?	Yes	No

**22. BUILDING INFORMATION – MUST BE COMPLETED**

<b>A.</b> THIS INFORMATION HELPS TO EXPLAIN THE AMOUNT OF INSURANCE SELECTED AT THE TIME OF APPLICATION, BUT DOES <u>NOT</u> DETERMINE THE VALUE AT THE TIME OF LOSS.				
	<u>Purchase Date</u> :	<u>Purchase Price</u> :	FOR RENTAL PROPERTIES, INDICATE THE ANNUAL RENTAL INCOME – <u>IF ANY?</u>	
#1		#1 \$	#1 \$	
#2		#2 \$	#2 \$	
#3		#3 \$	#3 \$	
<b>B.</b> APPROXIMATE COST OF SUBSE-QUENT IMPROVEMENTS – <u>IF ANY</u>		<u>APPROXIMATE REPLACEMENT COST</u>	<u>APPROXIMATE FAIR MARKET VALUE (exclusive of land)</u>	
#1		#1	#1	
#2		#2	#2	
#3		#3	#3	
<b>C</b>	Indicate the value used to determine the amount of insurance. <input type="checkbox"/> Purchase Price <input type="checkbox"/> Replace Cost <input type="checkbox"/> Fair Mkt Value	How was the insurance value determined? (Check as many as appropriate)	Professional Appraiser (Attach copy of appraisal)	Company appraisal guide - Give name of Company:
			By Applicant / Insured	Other:
			By Agent / Broker	

**23. Drawing of location (please note other structure(s) and distances between structures) :**

24. Please describe in narrative detail the operations of your business:

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**THIS SECTION INTENTIONALLY LEFT BLANK**



**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 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.**

<b>F. Darrell Lindsey</b> <b>U.S. Licensed</b> <b>Producer/Broker</b>	<b>STATEMENT OF NO KNOWN</b> <b>CLAIMS / CIRCUMSTANCES</b> <b>B</b>
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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 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: \_\_\_\_\_

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

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

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

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

<b>F. Darrell Lindsey</b> <b>U.S. Licensed</b> <b>Producer/Broker</b>	<b>CLAIM INFORMATION SUPPLEMENT</b> <b>SEPARATE FORM FOR EACH SEPARATE CLAIM</b> <b>NON-LIABILITY INSURANCE</b>
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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:

<b>Name:</b>	<b>Social Security Number or Corp. Number</b>
--------------	---

Claim or Circumstance Information

<b>Claimant Name:</b>	
<b>Date of Alleged Incident:</b>	<b>Date Claims was made:</b>
<b>Additional Information:</b>	
<b>Insurance Carrier to Whom Claim/Circumstance Reported:</b>	

Claim Status:

<b>TOTAL PAID \$</b>	<b>PAID ON YOUR BEHALF \$</b>	<b>Open:</b>
<b>Demand \$</b>	<b>Settlement Offer \$</b>	<b>Loss Reserve \$</b>

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

**Claim Description:** Include 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, & additional protection of property, etc.. Explain in your own words:

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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  
U.S. Licensed  
Producer/Broker

**CLAIMS HISTORY WARRANTY  
REPLACES INSURED'S FIVE-YEAR LOSS RUNS**

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
20____			
20____			
20____			
20____			
20____			

**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.

_____ <b>Authorized Signature</b>	_____ <b>Please Type or Print Name</b>	_____ <b>Date</b>
_____ <b>Witness's Signature</b>	_____ <b>Witness's Name</b>	_____ <b>Date</b>

\* 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**





## 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

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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 Manufacturing Products Industry.

**1**  
Our **NATIONWIDE OPERATIONS** understand the Manufacturing Products 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 production industry education. Monthly newsletters are available for the Manufacturing Products Industry Nationwide. 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 nationwide 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 understand the manufacturing of product services. For 48+ years our companies and industry associates have devoted their lives managing the unique and special risks associated with the Manufacturing Products 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 Manufacturing Products 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**



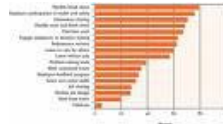
Self Insurance for an Owner, Association Group Program, or several owners combining to manage their own risks.

Captives, RRG Insurance Companies, Self-Insurance

<http://www.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, page 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.

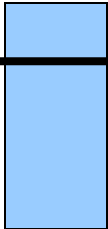
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E-Mail: [fdl@LLInsuranceservices.com](mailto:fdl@LLInsuranceservices.com)

**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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