

*** TO PRINT – AND THEN
FAX BACK – PLEASE CLICK HERE**



**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

- *1. To complete “on-line” use your “TAB” button to go from line to line, or your arrow.**
***2. Submit your completed Questionnaire by clicking the “SUBMIT” button on the last page.**

F. D. Lindsey Associates
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Form LLL-A-201 – 5/25/2011



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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Form – FDL-LLL – 201 – 5/25/2011



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!!

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BUSINESS AUTO 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

CONTACT INFORMATION:

F. Darrell Lindsey
State Licensed Agent/Broker
PH: 866-937-7037
FX: 866-937-7010
E-mail: 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 & 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: _____

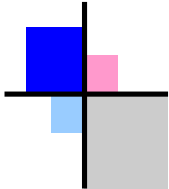
Phone: _____ Fax: _____

(X) E-Mail Address: _____

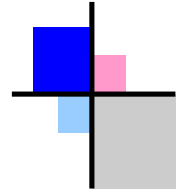


Lindsey Associates
Insurance Services

Insurance Services LLC



VERY IMPORTANT



BUSINESS AUTO QUOTES

The Questionnaire pages where:

1. The auto's are listed – "**MUST**" provide a TYPED LISTING OF THE VIN #'S (vehicle numbers) OF **EACH VEHICLE**. The auto's are "rated" based on the **VIN#**. Hand written No's do not work very well.
2. ON THE 1ST PAGE PLEASE ENTER YOUR FED ID# (FEIN).
3. PROVIDE A TYPED LIST OF DRIVERS ON THE "DRIVER INFORMATION SHEET" – and CONFIRM THE CORRECT No's for each DRIVER. The Insurance Company WILL CHECK DRIVER RECORDS AND MUST HAVE CORRECT NO'S.

Please call with any questions.

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FDL/LLL – 298 – 5/25/2011

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

**BUSINESS AUTO
DISCOVERY QUESTIONNAIRE
FOR AUTO'S USED AS INCIDENTAL TO YOUR BUSINESS**

SPECIAL NOTICE: IF USE OF AUTO'S IS THE PRINCIPAL PURPOSE OF YOUR BUSINESS
GO TO COMMERCIAL AUTO FOUND IN THE TRANSPORTATION SECTION OF THIS WEB SITE

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. Name (owner/applicant): _____
- * 3. Address: _____
- * City: _____ State: _____ ZIP: _____
- * E-MAIL: _____ Web Site: _____
- Business Phone: () _____ FAX: () _____
4. Physical Location of Business (if different) _____
5. Population within 50 miles: _____ Any locations outside the U.S.? ☐ Yes ☐ No
- Other locations used, if any:
- 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: _____ E-mail: _____
8. Please provide your state license number: _____
9. What is your license classification or designation? _____
- * 10. Is this a new business? ☐ Yes ☐ No If No, when was business established? _____ Yrs.
- * 11. How many years of experience do you have? _____
12. Number of hours you are open per day (average): ☐ 0 – 13 hrs ☐ 14 – 18 hrs ☐ 19 – 23 hrs ☐ 24 hrs
- * 13. Business is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Limited Liability Partnership
- ☐ Limited Corporation ☐ Not-For-Profit ☐ Other: (describe) _____
- * 14. Total Number of Employees (including owners, partners, corporate officers); Total: # _____ ;
- Full-Time: # _____ ; Part-Time: # _____ ; Total Annual Payroll \$ _____

National Headquarters

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PH: 866-937-7037 • FX: 866-937-7010
Form #LLL-A-239-5/25/2011

1

1. "COMPLETE ON LINE" THEN **SAVE**
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15. Does your company have within its staff of employees a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services?

☐ Yes ☐ No

If Yes, please tell us:

Employee Name: _____ Years with Company: _____

E-Mail: _____ Web Site: _____

Business Telephone: () _____ Fax: () _____

Employee's Responsibilities: _____

SECTION I

INSURANCE HISTORY

16. Please provide Insurance Company Name(s) for all companies that have provided Insurance for the last three (3) years .

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

DESIRED COVERAGE:

17. LIMITS OF LIABILITY

<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

Section II

BUSINESS OPERATIONS

18. Do you wish to cover any private passenger, individually owned vehicles?

☐ Yes ☐ No

19. Are there more than 15 vehicles to insure on this policy?

☐ Yes ☐ No

IF Yes, PLEASE USE THE OVER 15 UNIT QUESTIONNAIRE FORM.

<u>National Headquarters</u> F. Darrell Lindsey LLL Insurance Services P. O. Box 526357, SLC. UT 84152-6357 PH: 866-937-7037 • FX: 866-937-7010 Form #LLL-A-239-5/25/2011	2	1. "COMPLETE ON LINE" THEN <u>SAVE</u> AND ATTACH TO AN EMAIL 2. PRINT – COMPLETE & FAX BACK
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20. Are there any locations within 1,000 feet of the ocean or a navigable waterway? ☐ Yes ☐ No

Tell us about your Business:

21. DBA, if applicable: _____

22. Description of operations: (Include information about products, customers, business hours (e.g., 8 a.m. to 5 p.m.), etc.)

23. Names of all Business Owners:

1.	Name: (first and last)
2.	Name: (first and last)
3.	Name: (first and last)
4.	Name: (first and last)

24. Projected annual billings or sales: \$ _____

25. Any Insurers you "would not like" a quote from? ☐ Yes ☐ No

If Yes, please answer the following:

Insurance Company name: _____

26. Any business Auto insurance policies declined, non-renewed or cancelled in last three (3) years? ☐ Yes ☐ No

If Yes, please answer the following:

Name of Insurance Company:	Explain why:

27. Do your operations include government work? ☐ Yes ☐ No

If Yes, please explain: _____

28. **DRIVER INFORMATION**: Complete attached Driver Schedule Form.

29. **VEHICLE and EQUIPMENT** – complete attached Vehicle Schedule form.

30. Are drivers **REQUIRED** to fill out and complete a signed and dated inspection report form, identifying the **condition** of the auto at the end of each shift during a 24 HOUR period? ☐ Yes ☐ No

31. Are all vehicles and equipment solely owned by and registered to the Business? ☐ Yes ☐ No

If NO, explain: _____

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32. Do any of the employees use their own autos in the business? ☐ Yes ☐ No

If Yes, explain: _____

33. Is there a vehicle and equipment maintenance program in operation? ☐ Yes ☐ No

34. Any vehicles or equipment leased to others? ☐ Yes ☐ No

35. Any vehicles or equipment customized, altered or have special equipment? ☐ Yes ☐ No

If Yes, explain: _____

36. Do you have a specific driver recruiting program? ☐ Yes ☐ No

37. Are all vehicles returned and garaged at the business each night? ☐ Yes ☐ No

If NO, list which vehicle is not. State purpose of use if not returned and garaged at business location:

38. Does the Company have a fenced yard for auto storage? ☐ Yes ☐ No

A. Are Auto Operations conducted: which applies?

1. out of a rented office; ☐ Yes ☐ No

2. from the home of the employee drivers; ☐ Yes ☐ No Explain: _____

3. from the business office of the company; ☐ Yes ☐ No

39. Do you have a current Business Auto Policy? ☐ Yes ☐ No

If Yes, please answer the following:

Expiration date: _____

Insurance Company: _____

Current Annual Premium \$ _____

40. Are passengers carried for a fee by your business-owned autos? ☐ Yes ☐ No

41. Do non-employees, such as family members, drive any insured vehicles? ☐ Yes ☐ No

If Yes, explain: _____

42. Are any of the vehicles you listed not owned or registered to your business? ☐ Yes ☐ No

If Yes, explain: _____

43. In your employee hiring process, do you require and review MVRs (*motor vehicle reports*)? ☐ Yes ☐ No

44. Any drivers/employees not covered by Workers' Compensation? ☐ Yes ☐ No

If Yes, explain: _____

45. Is there a formal automobile safety program in place? ☐ Yes ☐ No

46. Do your operations involve transporting hazardous material? ☐ Yes ☐ No

If Yes, explain: _____

47. The following coverage(s) are automatically included in our proposals:

a. Hired and Non-Owned auto Liability

b. Uninsured/Underinsured Motorists Coverage

Choose One: ☐ Same as Primary Liability Limit ☐ Other limits: _____

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48. How much Medical Payments Coverage would you like?

☐ \$0 ☐ \$1,000 ☐ \$2,000 ☐ \$5,000 ☐ \$10,000

49. Would you like to include Towing and Labor coverage?

☐ Yes ☐ No

50. Would you like to include Personal Injury Protection (No Fault)?

☐ Yes ☐ No

51. Would you like to include Rental Reimbursement coverage?

☐ Yes ☐ No

52. Would you like to include Hired Car Physical Damage coverage?

☐ Yes ☐ No

53. Do we add any Additional Named Insured's to this policy?

☐ Yes ☐ No

If Yes, please answer the following:

Names	Addresses

54. Any additional information you would like to provide or request?

☐ Yes ☐ No

If Yes, please explain: _____

55. For "Rating" purposes please answer the below noted questions:

A	Do you now have installed on all VEHICLES a FRONT and REAR BUMPER EMERGENCY LIGHTING SYSTEM?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do Not Understand
B	Do you have IN VEHICLE AUTOMATED SECURITY CAMERA SYSTEM?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
C	Do you have installed an outside Rooftop automated security camera system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
D	Do you have installed a Global Positioning System – GPS installed and operational?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
E	Do you have a Hands Free Phone System installed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
F	Do you have a front seat/rear safety shield installed and operational?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
G	Do you have an Accident Recovery BLACK BOX installed and operational?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
H	Do you have a Tire Manufacturer-sponsored tire inspection and tire replacement program like Firestone or Good Year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
I	Do you have a DRIVER TRAINING program in effect today?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
J	Does every Driver have a hand-held camera for use to photograph the scene of the accident for the record?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
K	A cash LOCK BOX in the vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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56. Any comments or additional information about your business operation that may help explain the primary use of your business auto's, is suggested?

57. Percentage of Auto's classed as heavy? _____%

58. Any bankruptcies, tax or credit leans in last five years? ☐ Yes ☐ No

59. Any installation or services at commercial airports or government buildings? ☐ Yes ☐ No

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

Name: _____ Address: _____
City: _____ State: _____ Zip: _____
E-Mail: _____ Business Telephone: () _____
Fax: () _____ Years with Company: _____
Accountant's Responsibilities: _____

National Headquarters

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SCHEDULE PAGE ONE

**BUSINESS AUTO VEHICLE
AND EQUIPMENT SCHEDULE**

Note: For businesses with over 15 units use separate FLEET schedule:

	Unit No. _____	Unit No. _____	Unit No. _____	Unit No. _____	Unit No. _____
Year					
Make					
Model					
Body Type					
Primary Use					
Serial Number – VIN # Must be typed for Rate Purposes					
Maximum Gross Weight Capacity					
Actual Odometer Reading					
Radius of Operation					
Any Claims in last 5 years					
Actual Cash Value *					
Cost when new					
Physical Damage Coverage Desired?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annual Miles Driven in the U.S.					
Any ICC, PUC filings required					
Describe Use of Vehicle or Equipment.. Commercial Farm Retail Private Passenger Service Other – explain:					

- Actual Cash Value is defined as current market less depreciation.

NOTE #1. Only equipment listed and scheduled will be provided coverage under any Policy issued to the insured. Equipment without ID numbers, which are entered below or later added by separate endorsement, will be excluded from the coverage contract issued to the Insured.

HEREIN STATED AND AGREED BY: **(MUST SIGN):** _____
(type your name if completed "on line" and FAX BACK using the form provided)

Note: Copy this form as may be necessary to identify additional autos or equipment.

Special Note: #1: Some insurance companies may require a *hard copy* 3-yr. claims loss run from the prior insurer.

#2: If any claims, use "D" to provide detail for rating purposes.

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**SCHEDULE PAGE TWO
BUSINESS AUTO VEHICLE
AND EQUIPMENT SCHEDULE**

Note: For businesses with over 15 units use separate FLEET schedule:

	Unit No. _____	Unit No. _____	Unit No. _____	Unit No. _____	Unit No. _____
Year					
Make					
Model					
Body Type					
Primary Use					
Serial Number – VIN # Must be typed for Rate purposes					
Maximum Gross Weight Capacity					
Actual Odometer Reading					
Radius of Operation					
Any claims in last 5 yrs.					
Actual Cash Value *					
Cost when new					
Physical Damage Coverage Desired?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annual Miles Driven in the U.S.					
Any ICC, PUC filings required					
Describe Use of Vehicle or Equipment. Commercial Farm Retail Private Passenger Service Other – explain:					

- Actual Cash Value is defined as current market less depreciation.

NOTE #1. Only equipment listed and scheduled will be provided coverage under any Policy issued to the insured. Equipment without ID numbers, which are entered below or later added by separate endorsement, will be excluded from the coverage contract issued to the Insured.

HEREIN STATED AND AGREED BY: **(MUST SIGN):** _____

(type your name if completed "on line" and FAX BACK using the form provided)

Note: Copy this form as may be necessary to identify additional autos or equipment.

Special Note: #1: Some insurance companies may require a *hard copy* 3-yr. claims loss run from the prior insurer.

#2: If any claims, use "D" to provide detail for rating purposes.

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-239-5/25/2011

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

**SCHEDULE PAGE THREE
BUSINESS AUTO VEHICLE
AND EQUIPMENT SCHEDULE**

Note: For businesses with over 15 units use separate FLEET schedule:

	Unit No. _____	Unit No. _____	Unit No. _____	Unit No. _____	Unit No. _____
Year					
Make					
Model					
Body Type					
Primary Use					
Serial Number – VIN # Must be typed for Rate purposes					
Maximum Gross Weight Capacity					
Actual Odometer Reading					
Radius of Operation					
Any claims in last 5 years					
Actual Cash Value *					
Cost when new					
Physical Damage Coverage Desired?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annual Miles Driven in the U.S.					
Any ICC, PUC filings required					
<u>Describe Use</u> of Vehicle or Equipment. Commercial Farm Retail Private Passenger Service Other – explain:					

- Actual Cash Value is defined as current market less depreciation.

NOTE #1. Only equipment listed and scheduled will be provided coverage under any Policy issued to the insured. Equipment without ID numbers, which are entered below or later added by separate endorsement, will be excluded from the coverage contract issued to the Insured.

HEREIN STATED AND AGREED BY: **(MUST SIGN):** _____

(type your name if completed "on line" and FAX BACK using the form provided)

Note: Copy this form as may be necessary to identify additional autos or equipment.

Special Note: #1: Some insurance companies may require a *hard copy* 3-yr. claims loss run from the prior insurer.

#2: If any claims, use "D" to provide detail for rating purposes.

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Form # LLL-A-239-5/25/2011

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

**SCHEDULE PAGE FOUR
BUSINESS AUTO VEHICLE
AND EQUIPMENT SCHEDULE**

Note: For businesses with over 15 units use separate FLEET schedule:

	Unit No. ____	Unit No. ____	Unit No. ____	Unit No. ____	Unit No. ____
Year					
Make					
Model					
Body Type					
Primary Use					
Serial Number – VIN # Must be typed for Rate purposes					
Maximum Gross Weight Capacity					
Actual Odometer Reading					
Radius of Operation					
Any claims in last 5 years					
Actual Cash Value *					
Cost when new					
Physical Damage Coverage Desired?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annual Miles Driven in the U.S.					
Any ICC, PUC filings required					
<u>Describe Use</u> of Vehicle or Equipment. Commercial Farm Retail Private Passenger Service Other – explain:					

- Actual Cash Value is defined as current market less depreciation.

NOTE #1. Only equipment listed and scheduled will be provided coverage under any Policy issued to the insured. Equipment without ID numbers, which are entered below or later added by separate endorsement, will be excluded from the coverage contract issued to the Insured.

HEREIN STATED AND AGREED BY: **(MUST SIGN):** _____

(type your name if completed "on line" and FAX BACK using the form provided)

Note: Copy this form as may be necessary to identify additional autos or equipment.

Special Note: #1: Some insurance companies may require a *hard copy* 3-yr. claims loss run from the prior insurer.

#2: If any claims, use "D" to provide detail for rating purposes.

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LLL Insurance Services
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Form # LLL-A-239-5/25/2011

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

MASTER DRIVER LIST PAGE ONE

1. General Information

Insured's Name: _____

Insured's Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

E-Mail: _____ **County:** _____

Business Telephone Number: () _____ **Fax:** () _____

NOTE: Please photocopy this form as necessary.

[illegible]

Note: Prior to binding, MVR's on ALL drivers will be required.

Signed _____ Date _____

Title _____

F. Darrell Lindsey
LLL Insurance Services
P.O. Box 526357
Salt Lake City, Utah 84152-6357
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Form # LLL-A-239-5/25/2011

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

MASTER DRIVER LIST PAGE TWO

2. General Information

Insured's Name: _____

Insured's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: () _____ Fax: () _____

NOTE: Please photocopy this form as necessary.

Driver's Name / Current Address	M or F	Driver's DOB	Married Or Single	D L #	If CDL Date Issued	State Issued	Accidents or Tickets Last 3 yrs	Date Hired

Note: Prior to binding, MVR's on ALL drivers will be required.

Signed _____ Date _____

Title _____

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-239-5/25/2011

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

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 – TYPE NAME IF COMPLETED ON LINE

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 State Licensed Producer/Broker	<p align="center">STATEMENT OF <u>NO</u> KNOWN CLAIMS / CIRCUMSTANCES</p> <p align="center">B</p>
--	---

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 any services or operations 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, services or operations which might result in a claim; and
- I have no knowledge of any prior liability carrier refusing coverage for, or failing to accept a report of an incident, threat of a claim, letter of intent, adverse result notice or attorney contact presented.

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 NAME IF COMPLETED ON LINE

Printed Name: _____

Witness: _____ Date: _____

Printed Name: _____

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

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. COPY THIS FORM FOR EACH CLAIM AND FAX BACK ANY ADDED FORMS.

Information:

Name:	Social Security Number 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 \$	

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, inspection of jobs completed, employee training, etc.. Please 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: _____
 TYPE NAME IF COMPLETED ON LINE

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 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 insurance company loss runs required to document any 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; special hiring procedures, screening new clients, job inspections, signed acknowledgement of risk forms, requiring signed work orders, employee training, etc., THAT YOU BELIEVE HAVE HELPED prevent the filing of claims? Please 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. SIGN AND DATE THIS FORM

 Authorized Signature – **TYPE NAME IF COMPLETED ON LINE** 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

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, 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

5 reasons

F. D. LINDSEY ASSOCIATES is the Right Insurance Solution for the owners of Auto's that are used "incidentally" (not the Auto or Transportation Industry) in the course of you conducting your primary business operations.

1

Our NATIONWIDE OPERATIONS understand Business Auto Insurance.

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 education. Monthly newsletters are available for our clients. 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 understand Business Auto Insurance. For 48+ years our companies and industry associates have devoted their lives managing the unique and special risks associated with Business Auto Insurance. Our partnership with trade associations, manufacturers, industry experts and claims administrators ensures that we will stay ahead of all changes and trends effecting Business Auto's. 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

Form FDL-LLL – 125 – 5/25/2011

"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



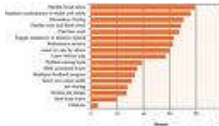
Self Insurance for an Owner, Association Group Program, or several owners combining to manage their own risks.

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

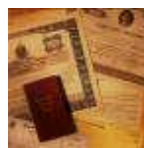


Professional Insurance coverage for Doctors, Architects, Lawyers, Nursing Homes, & Health Care Providers.

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

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



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

Form FDL-LLL – 125 – 5/25/2011