indsey Associates
Insurance Services

Insurance Services LLC

50+ Yrs. Experience

THE APPLICATION PROCESS

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

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

FDL indsey Associates
Insurance Services

LLL *Insurance Services LLC*

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

LLL Insurance Services
P. O. Box 526357
Salt Lake City, UT 84152-6357
PH: 866-937-7037
FX: 866-937-7010
Web: www.LLLinsuranceservices.com
Email: fdl@LLLinsuranceservices.com

indsey Associates
Insurance Services

Insurance Services LLC

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

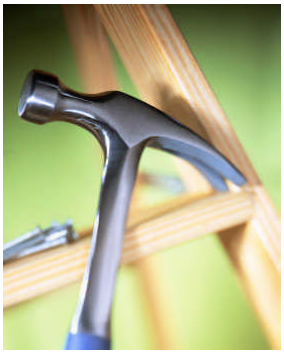
LLL Insurance Services
P. O. Box 526357
Salt Lake City, UT 84152-6357
PH: 866-937-7037
FX: 866-937-7010
Web: http://www.LLLinsuranceservices.com
Email: fdl@LLLinsuranceservices.com

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

Insurance Services, LLC

LETTER OF AUTHORIZATION

To Whom It May Concern:

I the undersigned FIRST NAMED INSURED does hereby authorize LLL Insurance Services, LLC. To act on behalf of:

_____

For the purpose of obtaining quotes and binding insurance coverage under the following policies:

- ☐ **Business Liability**
- ☐ **Workers Compensation**
- ☐ **Business or Commercial Auto Liability**
- ☐ **Group or Individual Health Insurance**
- ☐ **Other Insurance (describe) :** _____
- ☐ **Professional Liability**
- ☐ **Property Insurance**
- ☐ **Excess or Umbrella Liability**
- ☐ **Directors & Officers Liability**
- ☐ **Self-Insurance Programs**

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

Date:_____ **Signature:**_____

Authorized Contact Persons Name:_____

Business Address:_____

City and State: _____

Phone:_____ **Fax:**_____

(Ж) E-Mail Address: _____

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

CONSTRUCTION – HEALTHCARE – ALL OTHERS
WORKERS' COMPENSATION
DISCOVERY QUESTIONNAIRE

THIS IS FOR QUOTATION PURPOSES ONLY – THIS IS NOT A BINDER **Sic Code:** _____

GENERAL INFORMATION **Proposed Effective Date:** _____

Employers IRS ID Number _____ Association Affiliate Code _____

WC RISK Code _____ SIC Code Number: _____ Class Code Number _____

Date Current Firm Established: _____

1. Individual Name _____
2. Business Name: _____
3. Address: _____
4. City: _____ State: _____ Zip: _____
5. Business Telephone _____ FAX: _____
6. Web Site: _____ **E-mail**: _____
7. Business Is: ☐ Individual ☐ Partnership ☐ Corporation ☐ Other _____
8. **Years of Experience of Principal Owner**: _____
9. Name of Officers, Partners, and Owners – TO BE EXCLUDED – IF ANY?

Name - Title	Business Address
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____

10. Current Insurance Carried:

	Insurance Company Name	Expiration Date
A. Liability Insurance:	_____	A. _____
B. Business Auto insurance:	_____	B. _____
C. Group Health Insurance:	_____	C. _____
D. Workers Compensation:	_____	D. _____

11. If you DO NOT currently purchase Workers Compensation Insurance, when was the last year this Coverage was provided to employees? _____

12. Are there any actual or potential occupational disease exposures involved in your business? ☐ Yes ☐ No

If yes, please explain:

_____

13. Do employees receive any Supplemental Accident Employee Benefits in addition to Workers Compensation Benefits?

☐ Yes ☐ No If yes, please explain:

_____

14. Do you operate your business outside the state of your business address? ☐ Yes ☐ No

If yes, identify state(s): _____

15. Number of Employee Accidents during the last **one (1) calendar year**: _____

16. Number of Employee "Occupational Disease" claims in the **past three (3) years**: _____

17. Number of Sub-Contractor or Independent Contractor Employee claims that were filed for Employee Status and Workers Compensation benefits during the last five (5) years: #_____ If any; how many successfully won Employee Status? #_____ and Amount Paid $_____

18. For the **past five (5) years**, please identify any claims which represented the following:

	Number	Amount
For Permanent Partial Disability:	_____	$_____
For Permanent Total Disability:	_____	$_____
For Temporary Partial Disability:	_____	$_____
For Temporary Total Disability:	_____	$_____

19. Please supply the following information about DEATH, DISABILITY, or occupational disease claims during the **past five (5) years** where the total cost incurred was in excess of $25,000. Please complete this item by entry below. DO NOT send printouts.

Date of Loss	Fact of Loss	Indemnity Paid	Medical Paid	Current Reserve	Total All
_____	_____	$_____	$_____	$_____	= $_____
_____	_____	$_____	$_____	$_____	= $_____
_____	_____	$_____	$_____	$_____	= $_____
_____	_____	$_____	$_____	$_____	= $_____

Combined Total $_____

20. State the number of accidents in the last three (3) years: 20_____ 20_____ 20_____

A. Number of deaths, by year:	_____	_____	_____
B. Number of dismemberments, by year:	_____	_____	_____
C. Number of injuries makes disability for more than 7 days for which indemnity payments were made, by year:	_____	_____	_____
D. Number of medical claims only, by year:	_____	_____	_____
E. Total Number of accidents all kinds, by year:	_____	_____	_____

21. Furnish the following financial data for **FOUR** (4) years: 20_____ 20_____ 20_____ 20_____

A. Total **Gross Receipt by Year**:	$_____	$_____	$_____	$_____

National Headquarters 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-234CHAO-3/23/2015		**1. "COMPLETE ON LINE" THEN SAVE AND ATTACH TO AN EMAIL** **2. PRINT – COMPLETE & FAX BACK**

22. Name and address of the bookkeeper handling the accounting, financial records and tax filings of your company:

Bookkeeper Company Name: _____

Persons Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

23. **Provide the following totals**:

Year	Total Average Number Full Time Employees	Total Average Number Part Time Employees	Total Gross Payroll	Total Gross Receipts	Total Number of Jobs	% of Total Sub-Contractors
20____	#_____	#_____	$_____	$_____	#_____	_____%
20____	#_____	#_____	$_____	$_____	#_____	_____%
20____	#_____	#_____	$_____	$_____	#_____	_____%
20____	#_____	#_____	$_____	$_____	#_____	_____%
20____	#_____	#_____	$_____	$_____	#_____	_____%

- It is important that the last column be completed identifying the percentage of sub-contracted work as a total of all work completed during the noted work year. An approximate figure is satisfactory.
- What percentage (%) of your employees has been working for you for MORE than 12 months?

_____%

24. **Estimate the annual** Workers Compensation payroll by classification based upon your current or past classification code for workers. Your current or old policy will have the workers class codes. **Also provide a copy of your policy Declarations Page and Rating/Classification page. THIS IS IMPORTANT! A: NEED A COPY OF YOUR "PRIOR FIVE (5) YEARS POLICY RATING PAGE WITH THE EXPERIENCE MODIFICATION FACTOR SHOWN. (5 YRS). B: NEED A COPY OF THE INSURANCE COMPANIES "CLAIMS LOSS RUNS" – FOR THE PAST 5 YEARS (5 YRS). NOTE: WITHOUT FIVE YEARS REPORTS WE CAN NOT OBTAIN ANY RATE CREDITS!**

Class Code	Classification Description	Estimated Annual Gross
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____

25. What percentage of your annual payroll is dedicated and paid for Part Time employees working less than One thousand (1,000) hours a year? _____% of total payroll

26. Maximum number of employees at a job site? #_____

27. Number of W2's filed for latest reporting year? #_____

28. Percent of employees over 1 year with company: _____%

Percent of employees over 3 years with company: _____%

National Headquarters 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-234CHAO-3/23/2015		**1. "COMPLETE ON LINE" THEN SAVE AND ATTACH TO AN EMAIL** **2. PRINT – COMPLETE & FAX BACK**

29. Any layoffs in the last 12 months? ☐ Yes ☐ No

Expected layoffs in the next 12 months? ☐ Yes ☐ No

Number of shifts worked: #_____

30. Number of employees under 18: #_____

31. Number of employees: ☐ Increasing ☐ Decreasing ☐ Stable

32. Average wage for mainstream employees in production: $_____ Starting wages: $_____

33. ☐ Non-Union ☐ Union % of employees participating: _____%

34. Group Medical provided? ☐ Yes ☐ No

Health Carrier:_____

Name of Industrial Clinic Used: _____

% of Employees participating: _____%

% Employer pays for all employees: _____%

Benefits provided only to management & Supervisors: ☐ Yes ☐ No

Paid Vacation: ☐ Yes ☐ No Paid Sick Leave: ☐ Yes ☐ No

Retirement / 401k Plan: ☐ Yes ☐ No

35. Pre-employment physicals? ☐ Yes ☐ No

a. A pre-placement drug screen: ☐ Yes ☐ No

b. A Drug rehab program offered: ☐ Yes ☐ No

c. Alcohol rehab program offered: ☐ Yes ☐ No

d. Smoking allowed on premises: ☐ Yes ☐ No

e. Does insured offer modified work: ☐ Yes ☐ No

f. compliance with SB198: ☐ Yes ☐ No

36. Loss control incentive program: ☐ Yes ☐ No

If Yes, provide details:

---

37. Ownership: ☐ Active in Management ☐ Absentee

38. Percentage of off premises operations (contracting risks):_____%

39. Any interchange of labor: ☐ Yes ☐ No If Yes, provide details of existence of physical separation.

40. Hiring Practices:

Employment interviews conducted by: ☐ Personnel ☐ Supervisors ☐ Department Managers ☐ Upper Mgmt.

A. Applications: ☐ Yes ☐ No
B. References checked: ☐ Yes ☐ No
C. Safety orientation procedure: ☐ Yes ☐ No
D. On-going safety training: ☐ Yes ☐ No
E. Supervisory training: ☐ Yes ☐ No
F. Job education program: ☐ Yes ☐ No

41. Any occupational disease exposures? ☐ Yes ☐ No _____

National Headquarters 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-234CHAO-3/23/2015		**1. "COMPLETE ON LINE" THEN SAVE AND ATTACH TO AN EMAIL** **2. PRINT – COMPLETE & FAX BACK**

42. Do you contract with Independent Contractors, which you do not identify as employees during a year? ☐ Yes ☐ No

If yes, what percentage of your service work is performed by claimed independent contractors? _____%

of all service work provided as a factor of all your work during a year.

43. **Do you agree**, should the Insurance Company agree to offer Workers Compensation Insurance to your firm, that any and all sub-contractors or independent contractor person will sign a drafted sub-contractor/independent contractor Disclosure Agreement and Indemnification Contract that can be filed with the State Workers Compensation Regulatory Agency? Copy of Agreement Form(s) that must be signed are available upon request. ☐ Yes ☐ No

If no, explain why not

NOTE: The Named Insured Business Owner must insure, or by "**specific contract EXCLUDE from coverage**", all sub-contractors or independent contractor employees. The contracted agreement forms will help manage this HIGH-RISK problem.

44. Please answer the listed questions and explain any "yes" response:

A. ☐ Yes ☐ No Do you or you business own, operate or lease any aircraft or watercraft? _____

B. ☐ Yes ☐ No Any work performed underground or above 18 feet? _____

C. ☐ Yes ☐ No Do you have a formal safety program? _____

D. ☐ Yes ☐ No Is any group transportation provided? If yes, frequency: ☐ Daily ☐ Weekly ☐ Monthly

E. ☐ Yes ☐ No Is there any volunteer or donated labor? _____

F. ☐ Yes ☐ No Any employees with physical disabilities or handicaps? _____

G. ☐ Yes ☐ No Are standard physical exams REQUIRED after an offer for employment is made?

*Note - Hiring someone unknowingly disabled, or with injuries that would cause disability is an employers worst mistake. Medical exams always make good business sense.

N. ☐ Yes ☐ No Do you employee workers at home? _____

45. Loss Experience: FAX BACK USING THE ATTACHED FORM

Please provide current or renewal Experience Modification Work Sheet and **FIVE** (5) years current loss runs that have been sent to your company by the Insurance or Rating Agency. In most states this Data is provided automatically prior to renewal.

46. Identify vehicle exposure to employees:

A. Radius of operation of company vehicles: ☐ Less than 50 mi. ☐ 50 to 150 mi. ☐ Over 150mi.

B. Are MVR's obtained for all drivers? ☐ Yes ☐ No

C. Number of vehicles owned by business: #_____

D. Are any owner/operator sub-contractor drivers ever hired? ☐ Yes ☐ No

E. Are any state or federal permits (ICC, PUC or licensing agency) issued for vehicle operations? ☐ Yes ☐ No

If yes, identify permits: Permit Number:_____

Agency Name: _____

Address: _____ Phone: _____

47. Post-Lost Procedures:

A. Do you have a Return-to-Work Program? ☐ Yes ☐ No If Yes, is it written and formal? ☐ Yes ☐ No

National Headquarters 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-234CHAO-3/23/2015		**1. "COMPLETE ON LINE" THEN SAVE AND ATTACH TO AN EMAIL** **2. PRINT – COMPLETE & FAX BACK**

F. Darrell Lindsey U.S. Licensed Producer/Broker	**ADDITIONAL INFORMATION FORM** **USE TO ADD COMMENTS TO ANY PREVIOUS QUESTION(S)** **IF ANY**

Please use the space provided below to provide additional information as required by individual questions in this application. Use additional sheets if necessary.

Question #	COMMENTS

ADDITIONAL INFORMATION:

National Headquarters
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-234CHAO-3/23/2015

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

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

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

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

Dated: _____ Dated: _____

Applicant: Agent/Broker:

_____ _____

Signature – **TYPE IF ON LINE COMPLETION** 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.

National Headquarters 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-234CHAO-3/23/2015		**1. "COMPLETE ON LINE" THEN SAVE AND ATTACH TO AN EMAIL** **2. PRINT – COMPLETE & FAX BACK**

RELEASE OF WORKERS COMP HISTORY

TO: Workers Compensation Bureau

FROM: _____
Your company name as shown on your Workers Compensation Policy

ADDRESS: _____
Your company mailing address as shown on your Work Comp Policy

PHONE: _____
Your business Phone Number

"I herein request and authorize the Bureau to forward to "F. Darrell Lindsey Insurance Services", the rating data underlying our current and renewal experience modification for the past three (3) years. This information will be used as confidential data by F. Darrell Lindsey in my behalf." Please forward a copy of my records to F. Darrell Lindsey Insurance Services office address, P. O. Box 526357, Salt Lake City, Utah, 84152-6357. Please also return a copy of this letter to the Association.

_____
Specifically Requested (Your Signature)

_____
Title

_____
Date

SIGN AND FAX BACK TO 1-866-937-7010

National Headquarters 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-234CHAO-3/23/2015		**1. "COMPLETE ON LINE" THEN SAVE AND ATTACH TO AN EMAIL** **2. PRINT – COMPLETE & FAX BACK**

PENDING AND CLOSED

CLAIMS INFORMATION

IF ANY

Please complete a separate form for each claim you have experienced in the past five (5) years as requested in the Confidential Questionnaire. Should you not have available in your files all the requested information, complete what you can. In lieu of completing this Form, you may enclose a copy of the lawsuit if you have retained a copy.

1. Title of (plaintiff):_____ Vs. (defendant):_____

Co-defendants (if any):_____

2. Docket or Court Number:_____

3. Date of Incident:_____ Date Suit Filed:_____

4. Description of Incident

5. Plaintiff's Allegations

6. Case is: ☐ Pending ☐ Closed

7. If Closed: ☐ Settlement ☐ Trial ☐ Dismissed ☐ Other If other, give details:

8. If Closed, list date and amount paid: _____

9. Name of Insurance Carrier for this Claim:_____

10. On a separate sheet list any Citations you may have received and their disposition.

*Note: Copy form as may be necessary.

National Headquarters 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-234CHAO-3/23/2015		**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 source from which payment might be made;**
- **I have no knowledge of facts or circumstances that relate to an incident(s) arising from services which could reasonably result in a claim that has not been reported to a prior insurance carrier;**
- **I have no knowledge or information relating to service or services which might result in a claim; and**
- **I have no knowledge of any prior liability carrier refusing coverage for, or demanding to accept a report of an incident, threat of a claim, letter of intent, adverse result notice or attorney contact.**

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

Signature: _____ **Date:** _____
TYPE IF COMPLETED ON LINE

Printed Name: _____

Witness: _____ **Date:** _____

Printed Name: _____

*** FOR "ON LINE" FORM COMPLETION – <u>TYPE</u> YOUR NAME ON THE SIGNATURE LINE.**

National Headquarters 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-234CHAO-3/23/2015		**1. "COMPLETE ON LINE" THEN <u>SAVE</u> AND ATTACH TO AN EMAIL** **2. PRINT – COMPLETE & FAX BACK**

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

_____ _____ _____

Authorized Signature – **TYPE IF ON LINE COMPLETION** | Please Type or Print Name | Date

_____ _____ _____

Witness Signature | Witness's Name | Date

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

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

National Headquarters 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-234CHAO-3/23/2015		**1. "COMPLETE ON LINE" THEN SAVE AND ATTACH TO AN EMAIL** **2. PRINT – COMPLETE & FAX BACK**

FDL indsey Associates
Insurance Services

FDL *Insurance Services LLC*

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@fdlindseyinsurance.com
Website: http://www.combinedindustrypg.com

Lindsey Associates
Insurance Services

Insurance Services LLC

"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.

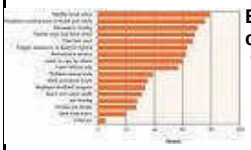
SELF-INSURANCE

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.**

F. Darrell Lindsey
U.S. State Licensed Agent/Broker
PH: 1-866-937-7037 FX: 1-866-937-7010
E-Mail: fdl@LLLinsuranceservices.com

indsey 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

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