



STRATUS INSURANCE SERVICES, INC.
947 SOUTH 500 EAST SUITE 301
AMERICAN FORK, UT 84003
866-395-1308 (T)
801-763-1374 (F)

APPLICATION FOR CHIMNEY SWEEPS

IMPORTANT: THIS IS NOT A BINDER

Information provided in this application will be used only for the purpose of determining eligibility for coverage in a specific general liability and completed operations program. Stratus Insurance Services, Inc. will not sell or otherwise provide your name and information to a third party for any reason other than for the purpose specified above.

NOTE: Do not leave any questions blank. If it does not apply, mark it "N/A."

SECTION A -- APPLICANT INFORMATION

1. Name of Insured as it is to appear on policy _____
2. Mailing Address: _____
City: _____ State: _____ Zip: _____
3. Physical Address: _____
City: _____ State: _____ Zip: _____
4. Do you work from Home? Yes No
5. Telephone number: _____ Fax number: _____
Email: _____ Web site: _____
7. Name of Owner or Insurance Contact: _____
8. Are you a member of the **National Chimney Sweep Guild (NCSG)** Yes No
9. Are you a member of any other associations? If "yes", please list: _____
10. Total years in this type of Trade: _____ years
11. Total years in business: _____ years

SECTION B -- INSURANCE INFORMATION

1. Current Insurance Company: _____ Expiration Date: _____ Liability Premium: _____
2. Deductible Requested \$ _____ Proposed Effective Date: _____
3. Requested Liability Limits \$1,000,000 Per Occurrence/\$2,000,000 Aggregate \$2,000,000 Per Occurrence/\$2,000,000 Aggregate
4. Have you ever had similar insurance cancelled or non-renewed? Yes No If yes, please explain: _____

5. What other types of Insurance does applicant currently have in place? (e.g. Auto, E & O, etc.) _____

6. Do you carry Workers Compensation: Yes No
Current Insurance Company: _____ Expiration Date: _____ Liability Premium: _____

SECTION C – UNDERWRITING INFORMATION

Owner (Excluding Clerical) _____ Describe Job Duties: _____

Number of Staff full-time _____ part-time _____

How many of your staff are CSIA Certified Sweeps? _____ CDET Certified? _____ NFI Certified? _____

List of Activities/Services	Annual Payroll Excluding Owner	Annual Gross Receipts:
Chimney Service Activities; including Sweeping, Repair, Stove Installation, Relining, Mantle Installation, Air-Duct cleaning, Chimney Cap Installation, and Fireplace Insert Installation	\$ _____	\$ _____
Masonry	\$ _____	\$ _____
Roof repair	\$ _____	\$ _____
Carpentry	\$ _____	\$ _____
Other, Please Describe _____	\$ _____	
Total	\$ _____	\$ _____

Please list **product sales** (excluding revenue from labor listed above) including **Hearth Products, Stoves, Flue Liners, Mantles, Chimney Caps, Fireplace Inserts Solid Fuel, etc.**

\$ _____

Describe any additional activities not listed above: _____

1. Do you comply with NFPA 211 Guidelines when local codes do not supercede? Yes No
2. Are you familiar with, and do you adhere to all local laws and regulations relative to your business? Yes No
3. Have you ever been cited for non-compliance of any statutory regulations? Yes No

If yes, please explain in detail:

4. How many of your staff are professional or volunteer firefighters? _____
5. Do you have a program in place for training staff in all relevant aspects of your operations? Yes No

If yes, please list the topics covered in training: _____

7. Do you have a "No Smoking" policy in place? Yes No
8. Do you have a "Drug-Free Workplace" policy in place? Yes No
 - Do you do a Pre-Employment Drug Test? Yes No
 - Do you do a Post Accident Drug Test? Yes No
 - Do you have a random Drug Test? Yes No

9. Percentage of Residential _____%
Commercial _____% **Must Equal 100%**

9. Do you use a commercial grade vacuum for removal of debris and/or dust control when sweeping? Yes No
10. Do you require that the client 'clear a path' to any work area inside the client's property? Yes No
11. Do you obtain your clients written permission prior to smoke tests? Yes No
If yes, is this part of a general waiver? Yes No
12. Are you licensed in your state for animal removal? Yes No
If no, briefly describe your procedures and precautions for handling animals trapped in a chimney: _____
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13. What is your pre-work evaluation process to check the safety of rooftops prior to beginning work? _____

14. What methods do you use to limit access to work areas around and under ladders as well as around any lifts or vacuum trucks to prevent injury or access to the public or client? _____

15. Briefly describe the tools you generally use when sweeping a chimney: _____

16. Please list any chemicals you use when sweeping a chimney: _____

17. What methods do you use to limit access to work areas around and under ladders as well as around any lifts or vacuum trucks to prevent injury or access to the public or client? _____

SECTION F – PRODUCTS

1. If you sell hearth products, please attach a list of the products you sell and their manufacturers.
2. Are all products sold with manufacturer warranty and instructions? Yes No

SECTION G - CLAIMS HISTORY FOR THE LAST 5 YEARS

Describe all claims (regardless of fault) that have occurred in the last **5** years. If none, state "**None**":

Claim: _____	Amount Paid: _____	Date: _____
Claim: _____	Amount Paid: _____	Date: _____
Claim: _____	Amount Paid: _____	Date: _____
Claim: _____	Amount Paid: _____	Date: _____
Claim: _____	Amount Paid: _____	Date: _____

****Please attach a copy of Loss History from current/prior insurance carriers****

I hereby certify that the above information is true to the best of my knowledge: _____ (Initial Here)

Before you submit your completed application, did you:

- Answer all questions. If a question did not apply, did you mark it "N/A"?**
- Attach copies of officer/management resumes (including certifications and related experience)**
- Attach a loss run/claim history from current and prior carriers**
- Attach copies of any company brochures**
- Attach a copy of your waiver/release of liability**

Declaration

I/We hereby declare that the above statements and responses are accurate and true and that I/we have not omitted, misrepresented, or misstated any facts. I/We acknowledge that the statements and responses contained in this application shall become a part of the insurance policy issued by the Company and that any misrepresentation or omission may void such policy.

I/We understand and agree that the completion of this application does not bind the Company to issue, nor me to purchase a contract of insurance. However, if I/we are issued insurance by the Company and I/we purchase such contract of insurance, I understand and agree that the representations and answers contained herein this application shall be considered a part of such contract of insurance and shall be as fully a part of such contract as is fully set forth herein. Furthermore, I/we understand and agree that any misrepresentation or omission in this application may void the contract and give the Company a right to rescind the contract, in addition to any other right or remedy the Company may have. I/We understand that failure to correct a misrepresentation on this or any other application, or the failure to disclose a material fact that I/we become aware of subsequent to the completion of this application but prior to the effective date of the policy to which it applies, may void the policy.

Applicants Name: _____

Applicants signature: _____ Date: _____

(Application must be signed by Insured)

Please Return Application to:
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