



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

## APPLICATION FOR HPBA MEMBERS

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### 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. Business Mailing & Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
  3. Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_  
Email: \_\_\_\_\_ Web site: \_\_\_\_\_
  4. Name of Owner or Insurance Contact: \_\_\_\_\_
  5. Are you a member of the **Hearth Patio and Barbeque Association (HPBA)** \_\_\_\_\_ Yes \_\_\_\_\_ No
  6. Are you a member of any other associations? If "yes", please list: \_\_\_\_\_
  7. Total experience in this type of business: \_\_\_\_\_ years
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### SECTION B -- INSURANCE INFORMATION

1. Current insurance company: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Liability Premium: \_\_\_\_\_
  2. Deductible requested \$ \_\_\_\_\_ Proposed Effective Date: \_\_\_\_\_
  3. Have you ever had similar insurance cancelled or non-renewed? [ ] yes [ ] no If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
  4. What other types of Insurance does applicant currently have in place? (e.g. Auto, E & O, etc.) \_\_\_\_\_  
\_\_\_\_\_
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**SECTION C – FACILITY OVERVIEW**

1. Description of Operation/Location:

**Annual Gross Receipts:** \$ \_\_\_\_\_

Percent from Stove Sales (except manufacturing) including Barbecues and Grills (Wood, Gas, and Pellet) and accessories \_\_\_\_\_ %

Percent from Sale of Plumbing Supplies \_\_\_\_\_ %

Percent from Stove Manufacturing including Barbecues And Grills (Wood, Gas, and Pellet) and accessories \_\_\_\_\_ %

Percent from Spa/Pool Sales \_\_\_\_\_ %

Percent from Other products List: \_\_\_\_\_ %  
 \_\_\_\_\_  
 \_\_\_\_\_

**Above must total 100**

**Payroll:**

Field payroll including installation, repair and/or service technicians for Stove/Barbecues \$ \_\_\_\_\_

Field payroll for Chimney Sweeping \$ \_\_\_\_\_

Administrative payroll including sales, accounting, clerical. Etc. \$ \_\_\_\_\_

Field payroll for Installation of spas/hot tubs \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

**Total:** \$ \_\_\_\_\_

**SUBCONTRACTED WORK**

Subcontractor Cost \$ \_\_\_\_\_

What work are the subcontractors hired to do? \_\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_ %

Are certificates of insurance obtained prior to subcontractors starting work?  Yes  No

Minimum Limits Required \$ \_\_\_\_\_

Are you named as an additional insured on the subcontractor's policy?  Yes  No

Do subcontractors carry Worker's Compensation  Yes  No

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

1. Do you comply with NFI 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:

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4. Number of staff: full-time/permanent \_\_\_\_\_ full-time/seasonal \_\_\_\_\_ part-time \_\_\_\_\_ contract \_\_\_\_\_

5. How many of your staff are NFI Certified: Wood? \_\_\_\_\_ Gas? \_\_\_\_\_ Pellet? \_\_\_\_\_

6. What percentage of your installation team is certified? \_\_\_\_\_

7. 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: \_\_\_\_\_  
\_\_\_\_\_

8. Do you have a "No Smoking" policy in place? \_\_\_\_\_ Yes \_\_\_\_\_ No

9. Do you have a "Drug-Free Workplace" policy in place? \_\_\_\_\_ Yes \_\_\_\_\_ No

10. Do you maintain client sign off for completed installations:

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11. Do you retain a copy of all written communications between you and your clients? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, for how long? \_\_\_\_\_

12. Do you have emergency procedures in place in the event of an accident, injury or illness? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please briefly describe: \_\_\_\_\_  
\_\_\_\_\_

13. Do you use written contracts/agreements with your customers? \_\_\_\_\_ Yes \_\_\_\_\_ No

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### SECTION D – INSTALLATION PROCEDURES

1. Following an installation, do you inspect property for any damage you or your employees may have caused after a job is complete? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. Do you always follow proper procedures when turning pilot lights on and off? \_\_\_\_\_ Yes \_\_\_\_\_ No

3. What is your normal procedure when a client's furniture or carpet has been soiled or damaged? \_\_\_\_\_  
\_\_\_\_\_

4. Do you always use drop cloths? \_\_\_\_\_ Yes \_\_\_\_\_ No

5. What other means, if any are used to protect client's property? \_\_\_\_\_  
\_\_\_\_\_

6. Do you require that the client 'clear a path' to any work area inside the client's property? \_\_\_\_\_ Yes \_\_\_\_\_ No

7. What is your pre-work evaluation process to check the safety of rooftops prior to beginning work? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
8. 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? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

% Residential \_\_\_\_\_ % (% New residential \_\_\_\_\_%) %Commercial \_\_\_\_\_ %Industrial \_\_\_\_\_%

Any LPG work?  Yes  No \_\_\_\_\_% of total

List the last 3 jobs including the cost of those jobs.

Location	Type of Job	Job Receipts
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

### SECTION E – RETAIL OPERATIONS

1. What is the square footage of your retail space? \_\_\_\_\_
2. What is the square footage of your warehouse space? \_\_\_\_\_
3. Are customers allowed in warehouse space? \_\_\_\_ Yes \_\_\_\_ No, If yes, please describe under what circumstances \_\_\_\_\_  
 \_\_\_\_\_
4. How many personnel are on staff during hours of operations? \_\_\_\_\_
5. Do you maintain your parking lot? \_\_\_\_ Yes \_\_\_\_ No, If yes, please describe \_\_\_\_\_  
 \_\_\_\_\_
6. Do you maintain your entry way/walkway? \_\_\_\_ Yes \_\_\_\_ No, If yes, please describe \_\_\_\_\_  
 \_\_\_\_\_
7. Do you have security cameras inplace? \_\_\_\_ Yes \_\_\_\_ No
8. If yes, how long do you maintain copies of tapes? \_\_\_\_\_
9. Do you operate any type of fire on premise for demonstration purposes, or other reasons? \_\_\_\_ Yes \_\_\_\_ No If yes, please describe \_\_\_\_\_  
 \_\_\_\_\_

**SECTION F – MANUFACTURERS OF PRODUCTS**

1. Please list all manufacturers with whom you do business:

_____	_____
_____	_____
_____	_____
_____	_____

2. Are all manufacturers in the US or have US insurance? \_\_\_Yes \_\_\_No If no, please describe\_\_\_\_\_

3. Do you maintain Additional Insured Certificates from each Manufacturer? \_\_\_Yes \_\_\_No. If yes, please provide copies.

4. Do you follow all manufacturer guidelines during an installation? \_\_\_Yes \_\_\_No

5. Do you or your employees receive additional training or instruction from the manufacturers? \_\_\_Yes \_\_\_No. If yes, please describe\_\_\_\_\_

DO YOU CONDUCT FORMAL INSPECTIONS OF REQUIREMENTS, DESIGN CODE, AND TEST? \_\_\_Yes\_\_\_No

**SECTION H -- 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(Last 5years)**
- Attach copies of any company brochures**
- Attach a copy of any customer agreements**

**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:***  
STRATUS INSURANCE SERVICES, INC.  
947 SOUTH 500 EAST, STE. 301  
AMERICAN FORK, UT 84123  
866-395-1308 (TOLL FREE)  
801-763-1374 (FAX)