



# VERACITY INSURANCE SOLUTIONS

260 South 2500 West Suite 303 Pleasant Grove, UT 84062 | 888.568.0548

## APPLICATION FOR THE CHIMNEY & HEARTH INDUSTRY

### **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. Veracity Insurance Solutions, LLC 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

Company Name: \_\_\_\_\_

DBA: \_\_\_\_\_ FEIN#: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Applicant is:  Corporation  Partnership  Sole Proprietorship  LLC  Other: \_\_\_\_\_

Are you a member of the National Chimney Sweep Guild (NCSG)  Yes  No Member ID #: \_\_\_\_\_

Are you a member of the Hearth Patio and Barbeque Association (HPBA)  Yes  No Member ID #: \_\_\_\_\_

Are you a member of any other associations?  Yes  No If "yes" please list: \_\_\_\_\_

Total years in Trade: \_\_\_\_\_ Total years in Business: \_\_\_\_\_

### SECTION B – PRIOR/CURRENT 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:

\_\_\_\_\_  
\_\_\_\_\_

### SECTION C – INSURANCE LIMITS (GENERAL LIABILITY AND INLAND MARINE)

1. Do you require limits higher than \$1,000,000 Per Occurrence / \$2,000,000 Aggregate?  Yes  No

2. Are you interested in Tool Coverage?  Yes  No

a. What limit would you like quoted?  \$5,000  \$10,000  \$15,000

3. Are you interested in Soot/Creosote Coverage?  Yes  No

a. What limit would you like quoted?  \$10,000  \$25,000  \$50,000

**SECTION D – UNDERWRITING INFORMATION**

Owner Name	Describe Duties

Number of Employees (excluding owner)		Number of Certifications (both owner and employees)			Estimated Payroll for the next 12 months (excluding owner)	
Full Time	Part Time	CSIA Certified	CDET Certificated	NFI Certified	Office/Clerical	In Field

- Breakdown type of work done by percentage:
 

_____ %	Chimney Sweeping & Service (liners, dampers, etc.)	_____ %	Stove/Barbecues/Fireplace Inserts
_____ %	Inspection Only Jobs (no sweeping, etc.)	_____ %	Carpentry
_____ %	Masonry	_____ %	Spas/Hot Tubs
_____ %	Roof Repair	_____ %	HVAC work
_____ %	Other: _____	_____ %	
- Estimated GROSS RECEIPTS for the next 12 months: \$ \_\_\_\_\_
 

_____ %	Service & Installation	_____ %	Product Sales
---------	------------------------	---------	---------------
- Breakdown of product sales by product type:
 

_____ %	Chimney products (caps, dampers, liners, etc.)	_____ %	Stove Manufacturing
_____ %	Accessories	_____ %	Spa/Pool
_____ %	Stoves, Grills, Fireplace Inserts	_____ %	Plumbing Supplies
- Breakdown of work done by percentage:
 

_____ %	Commercial	_____ %	New Custom Residential
_____ %	New Multi-Family Residential	_____ %	New Tract Residential
_____ %	Existing Multi-Family Residential	_____ %	Existing Single Family Residential

  - Maximum number of units in multi-family buildings where work is done: \_\_\_\_\_
  - Does work on **new** residential construction include subdivisions greater than 20 homes?  Yes  No
  - Is **new** residential const. performed in any of the following states: AZ, CA, CO, GA, NM, NV, OR, WA  Yes  No
- Any LPG work?  Yes  No \_\_\_\_\_ %      Any Natural Gas work?  Yes  No \_\_\_\_\_ %
- Do you have any safety training or programs in place?  Yes  No If "yes" please explain: \_\_\_\_\_

**SECTION E - SUBCONTRACTED WORK**

- Annual Cost of Subcontractors: \$ \_\_\_\_\_
- What work are the subcontractors hired to do?
 

_____ %	_____ %	_____ %
---------	---------	---------
- Are certificates of insurance obtained prior to subcontractors starting work?  Yes  No
- Are you named as an additional insured on the subcontractor's policy?  Yes  No
- Do subcontractors carry Worker's Compensation  Yes  No
- Do you use a Sub-Contractors Agreement? (If yes, please attach a copy)  Yes  No

**SECTION F – RETAIL OPERATIONS**

- 1. Do you have a retail operation:  Yes  No, If “no” skip this section.
- 2. What is the square footage: Retail space? \_\_\_\_\_ Warehouse space? \_\_\_\_\_
- 3. Are customers allowed in warehouse space?  Yes  No, If yes, please describe under what circumstances:  
\_\_\_\_\_
- 4. Do you maintain your parking lot/entry way/walkway?  Yes  No If, Yes, Please Describe:  
\_\_\_\_\_
- 5. Do you have security cameras inplace?  Yes  No
- 6. Do you operate any type of fire on premise for demonstration purposes, or other reasons?  Yes  No If yes, please describe: \_\_\_\_\_

**SECTION G – PROPERTY INSURANCE**

- Do you need commerical property coverage?  Yes  No If “no” skip this section.
- Building Coverage Limit:: \_\_\_\_\_ Business Personal Property Limit: \_\_\_\_\_
- Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
- Is this your home/residence  Yes  No Facility Type:  Rented  Leased  Owned
- Total Area you Occupy: \_\_\_\_\_ Sq. Ft. Property Deductible Requested:  \$500  \$1,000
- Construction Type:  Frame  Brick  Metal Are you within 10 Miles of a Coast:  Yes  No
- Year Built: \_\_\_\_\_ What year were following updated/replaced: \_\_\_\_\_ Plumbing \_\_\_\_\_ Heating \_\_\_\_\_ Wiring \_\_\_\_\_ Roof
- Distance from: Fire Hydrant \_\_\_\_\_ Fire Station \_\_\_\_\_ Alarm:  Burglar  Fire  Both
- Alarm Type:  Local Gong  Central Station Fire Protection:  Sprinkler System  Fire Alarm

**SECTION H – RESIDENTIAL/COMMERCIAL OPERATIONS**

- 1. Do you maintain client sign off for:  Inspections  Work Completed  Other, please explain: \_\_\_\_\_
- 2. How do you notify clients of potential hazards and/or repairs? \_\_\_\_\_
- 3. Maximum height in stories worked? \_\_\_\_\_
- 4. Do you use scaffolding or cranes?  Yes  No
- 5. Do you perform any blasting, demolition, or welding?  Yes  No
- 6. Do you comply with NFPA 211 or NFI Guidelines when local codes do not supersede?  Yes  No
- 7. Are you familiar with, and do you adhere to all local laws and regulations relative to your business?  Yes  No
- 8. Have you ever been cited for non-compliance of any statutory regulations?  Yes  No  
If yes, please explain in detail: \_\_\_\_\_
- 9. 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: \_\_\_\_\_
- 10. Do you retain a copy of all documentation, photos, videos, and email?  Yes  No  
If yes, for how long? \_\_\_\_\_
- 11. Do you inspect property for damage you or your employees may have caused after a job is complete?  Yes  No
- 12. Do you always follow proper procedures when turning pilot lights on and off?  Yes  No
- 13. What is your normal procedure when a client’s furniture or carpet has been soiled or damaged? \_\_\_\_\_
- 14. Do you require that the client ‘clear a path’ to any work area inside the client’s property?  Yes  No
- 15. Do you always use drop cloths?  Yes  No
- 16. What other means, if any are used to protect client’s property? \_\_\_\_\_

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? \_\_\_\_\_
18. Do you use a commercial grade vacuum for removal of debris and/or dust control when sweeping?  Yes  No
19. 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: \_\_\_\_\_
20. Do you install stainless steel liners for fireplaces or other appliances?  Yes  No If 'yes' please answer below:
- a. Do you install ceramic tile liners?  Yes  No
  - b. Do you install cast in place liners?  Yes  No
  - c. Do you perform a level 2 inspection prior to installation?  Yes  No
  - d. What percent of your gross sales derive from liner installations? \_\_\_\_\_%
  - e. List the training and/or certifications that would qualify you to install liners? \_\_\_\_\_

**I understand that I am required to obtain a certificate of insurance from each and every subcontractor providing coverage as an additional insured and having minimum liability limits of \$300,000 \_\_\_\_\_ (Initial Here)**

**I understand that the insurance carrier recommends that I am retain copies of all documentation (electric and hard copy), photos and video of all jobs on file for at least ten years. \_\_\_\_\_ (Initial Here) The retention of documents could aid the insurance carrier in defending you in possible claims.**

**I understand that I am required to report in a timely manner any incident, circumstance, situation, condition, occurrence, or event which may result in a claim. \_\_\_\_\_ (Initial Here)**

### SECTION I - CLAIMS HISTORY FOR THE LAST 5 YEARS

Are you, any person, or organization proposed in this insurance aware of any incident, circumstance, situation, condition, occurrence, or event which may result in a claim?  Yes  No

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: \_\_\_\_\_

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

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

#### ***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.

**Before you submit your completed application, did you:**

- Answer all questions. If a question did not apply, did you mark it "N/A"?**
- Attach a loss run/claim history from current and prior carriers**

Applicants Name: \_\_\_\_\_ (Application must be signed by Insured)

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_