



Salt Lake City Area Office  
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 303 W. Madison Street Suite 2075  
 Chicago, IL 60606  
 800-456-4576 • Fax 312-408-8081

**CHIMNEY SWEEPS**

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

**General Information**

Proposed Effective Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_ County: \_\_\_\_\_

Business Telephone Number: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Physical Location of Business (if different): \_\_\_\_\_

Is this a residential address?  Yes  No

Population within 50 miles: \_\_\_\_\_

Other Locations Used:

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

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

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

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

Please list any other names the business is or has been known by: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Producer No.: \_\_\_\_\_ Producer's Name: \_\_\_\_\_

Producer's E-mail: \_\_\_\_\_

Detailed description of business activities (specifically, and by location): \_\_\_\_\_

Is this a new business?  Yes  No If no, how many years have you been in business? \_\_\_\_\_

Applicant is:  Individual  Corporation  Partnership  Joint Venture

Other (please describe): \_\_\_\_\_

Total Number of Employees: \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_ Contract: \_\_\_\_\_

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: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Business Telephone No.: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ Years with Company: \_\_\_\_\_

Employee's Responsibilities: \_\_\_\_\_

**1. Insurance History**

Who is your current insurance carrier (or your last if no current provider)? \_\_\_\_\_

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant ever had similar insurance cancelled or non-renewed?  Yes  No

If yes, please explain: \_\_\_\_\_

What other types of Insurance does the Applicant currently have in place? (e.g. Auto, E & O, etc.) \_\_\_\_\_

Has the Applicant or any predecessor or related person or entity ever had a claim?  Yes  No

Completed Claims and Loss History form attached (REQUIRED)?  Yes  No

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets?  Yes  No

If the standard markets are declining placement, please explain why: \_\_\_\_\_

**2. Desired Insurance**

**Limit of Liability:**

- \$100,000 per accident / \$300,000 aggregate
- \$200,000 per accident / \$300,000 aggregate
- \$250,000 per accident / \$500,000 aggregate
- \$250,000 per accident / \$1,000,000 aggregate
- Other: \_\_\_\_\_

**Self-Insured Retention (SIR):**  \$1,000 (Minimum)  \$1,500  \$2,500  \$5,000  \$10,000

**3. Facility Overview**

a. Please give annual payroll and annual gross receipts for the following:

	Annual Payroll:	Annual Gross Receipts:
Chimney Service Activities including: Sweeping, Repair, Stove Installation, Relining, Mantle Installation, Duct Cleaning, Chimney Cap Installation, and Fireplace Insert Installation	\$ _____	\$ _____
Masonry	\$ _____	\$ _____
Roof Repair	\$ _____	\$ _____
Carpentry	\$ _____	\$ _____
<b>Total</b>	<b>\$ _____</b>	<b>\$ _____</b>

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: \_\_\_\_\_

- b. Are all products sold with manufacturer warranty and instructions?  Yes  No
- c. Do you comply with NFPA 211 Guidelines when local codes do not supercede?  Yes  No
- d. Are you familiar with, and do you adhere to, all local laws and regulations relative to your business?  Yes  No
- e. Have you ever been cited for non-compliance of any statutory regulations?  Yes  No

If yes, please explain in detail: \_\_\_\_\_

- f. Are you a member of the National Chimney Sweep Guild (NCSG)?  Yes  No
- g. Are you a member of any other associations?  Yes  No

If yes, please list: \_\_\_\_\_

- h. Total experience in this type of business: \_\_\_\_\_ years
- i. How many of your employees are: CSIA Certified Sweeps? \_\_\_\_\_ CDET Certified? \_\_\_\_\_  
NFI Certified? \_\_\_\_\_
- j. How many of your employees are professional or volunteer firefighters? \_\_\_\_\_
- k. Do you have a program in place for training employees in all relevant aspects of your operations?  Yes  No

If yes, please list the topics covered in training: \_\_\_\_\_

- l. Do you have a "No Smoking" policy in place?  Yes  No
- m. Do you have a "Drug-Free Workplace" policy in place?  Yes  No
- n. Do you maintain client sign off for (check if applicable):  Inspections  Work Completed  Other

If other, please explain: \_\_\_\_\_

- o. Do you retain a copy of all written communications between you and your clients?  Yes  No  
If yes, for how long? \_\_\_\_\_
- p. Do you have emergency procedures in place in the event of an accident, injury or illness?  Yes  No

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

- q. Do your employees carry fire-extinguishing equipment on all company vehicles?  Yes  No
- r. Under what circumstances do you perform an "inspection only"? \_\_\_\_\_

- s. Do you use written contracts/agreements with your customers?  Yes  No

**4. Residential Operations**

- a. What policy and/or procedure do you have in place for notifying clients of potential hazards? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b. Following a sweeping, after a job is complete, do you inspect property for any damage you or your employees may have caused?  Yes  No

- c. Do you always follow proper procedures when turning pilot lights on and off?  Yes  No
- d. Do you "flake/burn out" chimneys?  Yes  No
- e. Are smoldering ashes ever encountered?  Yes  No  
 If yes, how are they handled? \_\_\_\_\_  
 \_\_\_\_\_
- f. What is your normal procedure when a client's furniture or carpet has been soiled or damaged? \_\_\_\_\_  
 \_\_\_\_\_
- g. Do you always use drop cloths?  Yes  No
- h. What other means, if any, are used to protect clients' property? \_\_\_\_\_  
 \_\_\_\_\_
- i. Do you use a commercial grade vacuum for removal of debris and/or dust control when sweeping?  Yes  No
- j. Do you require that the client 'clear a path' to any work area inside the client's property?  Yes  No
- k. Do you obtain your clients written permission prior to smoke tests?  Yes  No  
 If yes, is this part of a general waiver?  Yes  No
- l. 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- m. What is your pre-work evaluation process to check the safety of rooftops prior to beginning work? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- n. What methods do you use to limit access of the public and clients to work areas around and under ladders, as well as around any lifts or vacuum trucks, to prevent injury to the public or clients? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- o. Briefly describe the tools you generally use when sweeping a chimney: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- p. Please list any chemicals you use when sweeping a chimney: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**5. Commercial Operations**

Check here if you do not perform Commercial Operations, and proceed to number 6.

**If procedures are identical to those in number 4 (Residential Operations), mark "same".**

**Otherwise, please explain in detail.**

- a. What policy and/or procedure do you have in place for notifying clients of potential hazards? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- b. Following a sweeping, after a job is complete, do you inspect property for any damage you or your employees may have caused?  Yes  No
- c. Do you always follow proper procedures when turning pilot lights on and off?  Yes  No
- d. Do you "flake/burn out" chimneys?  Yes  No
- e. Are smoldering ashes ever encountered?  Yes  No  
If yes, how are they handled? \_\_\_\_\_
- f. What is your normal procedure when a client's furniture or carpet has been soiled or damaged? \_\_\_\_\_
- g. Do you always use drop cloths?  Yes  No
- h. What other means, if any, are used to protect clients' property? \_\_\_\_\_
- i. Do you use a commercial grade vacuum for removal of debris and/or dust control when sweeping?  Yes  No
- j. Do you require that the client 'clear a path' to any work area inside the client's property?  Yes  No
- k. Do you obtain your clients written permission prior to smoke tests?  Yes  No  
If yes, is this part of a general waiver?  Yes  No
- l. 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: \_\_\_\_\_
- m. What is your pre-work evaluation process to check the safety of rooftops prior to beginning work? \_\_\_\_\_
- n. What methods do you use to limit access of the public and clients to work areas around and under ladders, as well as around any lifts or vacuum trucks, to prevent injury to the public or client? \_\_\_\_\_
- o. Briefly describe the tools you generally use when sweeping a chimney: \_\_\_\_\_
- p. Please list any chemicals you use when sweeping a chimney: \_\_\_\_\_

## 6. Items to Attach to Application

- a. Copies of officer/management resumes (including certifications and related experience).
- a. A list of the products you sell, if any, and their manufacturers.
- b. Copies of any company brochures.
- c. A copy of Applicant's waiver/release of liability.

**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.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

Applicant:

Agent/Broker:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name