



AERO GENERAL INSURANCE SERVICES
 633 S. BREA BLVD SUITE 106
 BREA, CA 92821
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RENEWAL APPLICATION FOR THE HEARTH, PATIO & BBQ INDUSTRY

Company Name: _____
 DBA: _____
 Owner's Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Physical Address: _____
 City: _____ State: _____ Zip: _____
 Telephone Number: _____ Fax Number: _____
 Applicant is: Corporation Partnership Sole Proprietorship LLC Other: _____
 Member of an association: NCSG HPBA Other: _____

Your current general liability policy expires on _____. Please complete the application and fax back to our office so that we may provide you with a renewal quote. Please note that insurance cannot be back dated and we will need to quote and bind before expiration date.

FEIN#: _____
 Email: _____
 Member ID #'s: _____

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

1. 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: _____	
2. Estimated GROSS RECEIPTS for the next 12 months: \$ _____

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

_____ % Chimney products (caps, dampers, liners, etc.)	_____ % Stove Manufacturing
_____ % Accessories	_____ % Spa/Pool
_____ % Stoves, Grills, Fireplace Inserts	_____ % Plumbing Supplies
4. 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

 - a. Maximum number of units in multi-family buildings where work is done: _____
 - b. Does work on **new** residential construction include subdivisions greater than 20 homes? Yes No
 - c. Is **new** residential const. performed in any of the following states: AZ, CA, CO, GA, NM, NV, OR, WA Yes No
5. Any LPG work? Yes No _____ % Any Natural Gas work? Yes No _____ %

6. Do you require limits higher than \$1,000,000 Per Occurrence / \$2,000,000 Aggregate? Yes No
7. Are you interested in Tool Coverage? Yes No
 a. What limit would you like quoted? \$5,000 \$10,000 \$15,000
8. Are you interested in Soot/Creosote Coverage? Yes No
 a. What limit would you like quoted? \$10,000 \$25,000 \$50,000
9. Do you require any Building or Business Personal Property coverage? Yes No
10. Do you install stainless steel liners for fireplaces or other appliances? If "yes" provide answers below: Yes No
 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? _____
11. Do you hire any subcontractors? If "yes" provide answers below: Yes No
 a. What are you hiring them to do? _____
 b. What are your estimated sub-contractors costs in the next 12 month? \$ _____
 c. Are Certificates of insurance obtained prior to subcontractors starting work? Yes No
 d. Are you named as an additional insured on the subcontractor's policy? Yes No
12. 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)
13. 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.
14. 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)
15. 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
16. Describe all claims (regardless of fault) that have occurred in the last 5 years. If none, state "**None**":

Description of Claim	Amount Paid	Date of Claim

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: _____ (Application must be signed by Insured)

Applicants Signature: _____ Date: _____