



P.O. Box 793, Teton Village, WY 83025  
800.746.0048 toll free • 307.733.7439 fax • www.vanoppenco2.com  
Insurance and Risk Control Solutions for Environmental Service Firms

### LIABILITY INSURANCE QUESTIONNAIRE

Please fax or mail this form back to us. Fields with an asterisk (\*) need to be filled.

1. Applicant's Name:\*

2a. Principal Business Address:\*

2b. City, State, Zipcode:\*

3. E-mail:\*

4. Website (www.yourwebsite.com):

5. FEIN#:

6. Number of Years in Operation:

7. Type of business:

Corporation     Partnership     Individual     LLC

8. Is the firm engaged in, owned by, associated with, or controlled by any other business?

Yes     No

If "yes," please explain.

9. Describe your operations fully (attach separate sheet if necessary):

10. Describe your subcontracted operations:

11. What is the estimated annual cost of subcontracted operations?

12. Do you require your subs to carry their own insurance?

Yes     No



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If yes, what types of insurance do you require?

13. Number of employees (including owners):

14. Total payroll:

**15. PRIOR & CURRENT GENERAL LIABILITY INFORMATION**

	Name of Company	Limit of Liability (\$)	Claims Made/ Occurrence	Premium (\$)	Expiration Date	Retroactive Date
1						
2						
3						

**16. PRIOR & CURRENT PROFESSIONAL / CONTRACTOR'S POLLUTION LIABILITY INFORMATION**

	Name of Company	Limit of Liability (\$)	Claims Made/ Occurrence	Premium (\$)	Expiration Date	Retroactive Date
1						
2						
3						

17. List any claims or occurrences threatened, defended, or settled in the past five years and any settlement amounts:

18. Please provide the following information on annual gross receipts:

	Projected Receipts Next 12 Months	Receipts Previous Year
Asbestos/Lead Abatement		
Asbestos/Lead Testing/Consulting		
Demolition		
Environmental Consulting		
Expert Witness		
Groundwater Remediation		
Haz Mat Package/Pick-up		
Health & Safety Consulting		
Lead Paint Abatement		
Microbial Abatement		
Microbial Test/Consulting		
Owned Laboratories		



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(continued)	Projected Receipts Next 12 Months	Receipts Previous Year
Phase I/Site Assessments		
Phase II Site Survey		
Remediation Design		
Storage Tank Testing		
Toxicology		
UST/Soil Remediation		
Wastewater treatment		
Other (describe)		

19. Indicate the desired coverages, limits, and deductibles:

- 19a. General Liability:  Yes  No  
 19b. Professional Liability:  Yes  No  
 19c. Pollution Liability:  Yes  No

20. Limits of Liability:

- \$ 1,000,000 per occurrence / \$ 1,000,000 aggregate  \$ 1,000,000 per occurrence / \$ 2,000,000 aggregate  
 \$ 2,000,000 per occurrence / \$ 2,000,000 aggregate  \$ 5,000,000 per occurrence / \$ 5,000,000 aggregate

Deductible:

**Additional information requested – Please send the following:**

1. Key Person Resumes – Statement of Qualifications or Web-Site Reference
2. Certifications / Licenses of Key Employees if resumes with this information are not included
3. Most Recent Year End Financials and Interim Financials
4. Sample Client Service Agreement
5. Sample Sub-Contractor Agreement
6. Quality Control Manuals
7. Promotional / Advertising Material

**I CERTIFY THAT THE STATEMENTS ABOVE ARE CORRECT AND TRUE.**

Signature over printed name of person completing questionnaire:\*

Phone Number (ex: 000-000-0000):

Date (mm/dd/yyyy):