



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

PROPERTY/INLAND MARINE INSURANCE QUESTIONNAIRE

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

1. Company Name:*

2a. Principal Business Address:*

2b. City, State, Zipcode:*

3. Other locations, if applicable:

4a. Square Footage of Building (if owned):

4b. Square Footage of Building (if leased):

5. Age of Building:

6. Number of stories in building:

7. Building construction type (e.g. frame, concrete, brick):

8. Describe adjacent occupants in your building and adjoining buildings:

9. Central station burglar alarm?

Yes No

10. Describe security for your property or contractors equipment (e.g. Security service, locked fences, etc):

11. Fire sprinklers?

Yes No

12. Please identify your Property insurer for the past three years:

	Year (yyyy)	Insurer	Premium (\$)	Expiration
1				
2				
3				



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

13. Separate General Liability coverage maintained?

Yes No

14. List any claims or losses to property within the past five years:

[Empty text box for listing claims or losses]

15a. Would you like a quote for special equipment which you rent?

Yes No

15b. Is equipment used underground?

Yes No

If "yes," please describe:

[Empty text box for describing equipment use]

Additional information requested – Please send the following:

- 1. A copy of the Declarations page of your most recent policy (pages reflecting policy effective dates, coverage limits and deductibles)
- 2. A breakdown of values and detail for field equipment, contents/stock, electronic dataprocessing equipment, other property

I CERTIFY THAT THE STATEMENTS ABOVE ARE CORRECT AND TRUE.

Signature over printed name of person completing the questionnaire:*

[Empty text box for signature and name]

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

[Empty text box for phone number]

E-mail:

[Empty text box for email address]

Date (mm/dd/yyyy):

[Empty text box for date]