



Insurance and Risk Control Solutions for Environmental Service Firms

ENV. SERVICE FIRM LIABILITY INSURANCE QUESTIONNAIRE

Please return this form by fax, mail, or email.

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):