

Insurance and Risk Control Solutions for Environmental Service Firms

PROPERTY/INLAND MARINE INSURANCE QUESTIONNAIRE

**Please return this form by fax, mail, or email.
 If you have multiple locations needing property coverage,
 please send a separate survey for each location.**

1. Company Name:

2a. Principal Business Address:

2b. City, State, Zipcode:

3. Age of Building:

4. Number of stories in building:

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

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

7. Central station burglar alarm?

Yes No

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

9. Fire sprinklers?

Yes No

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

	Effective Date (mm/yyyy)	Insurer	Premium (\$)	Expiration Date (mm/yyyy)
1				
2				
3				

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11. Separate General Liability coverage maintained?

Yes No

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

13a. Would you like a quote for special equipment which you rent?

Yes No

13b. Is equipment used underground?

Yes No

If "yes," please describe:

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 data processing equipment, other property

I CERTIFY THAT THE STATEMENTS ABOVE ARE CORRECT AND TRUE.

Signature over printed name of person completing the questionnaire:

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

E-mail:

Date (mm/dd/yyyy):