



130 VANTIS, SUITE 250, ALISO VIEJO, CA 92656 ~ LIC # 0C79875

PHONE: 800.992.6999

FAX: 800.999.3987

Liability Insurance Questionnaire

1. Applicant's Name: _____
2. Principal Business Address: _____
3. Telephone #: _____ Fax #: _____ Email: _____
4. Website Address: _____
5. Number of Years in Operation: _____
6. Type of business: Corporation Partnership Individual LLC
7. Is the firm engaged in, owned by, associated with, or controlled by any other business?
If yes, please explain: _____
8. Describe your operations fully (attach separate sheet if necessary): _____

9. Describe your subcontracted operations: _____

10. What is the estimated annual cost of subcontracted operations? \$ _____
11. Do you require your subs to carry their own insurance? Yes No If yes, what types of insurance do you require? _____
12. Number of employees (including owners): _____ Total payroll: \$ _____
13. Please complete the following:

PRIOR & CURRENT GENERAL LIABILITY INFORMATION

Name of Company	Limit of Liability	Claims-Made/ Occurrence	Premium	Expiration Date	Retroactive Date
	\$		\$		
	\$		\$		
	\$		\$		

PRIOR & CURRENT PROFESSIONAL / CONTRACTOR'S POLLUTION LIABILITY INFORMATION

Name of Company	Limit of Liability	Claims-Made/ Occurrence	Premium	Expiration Date	Retroactive Date
	\$		\$		
	\$		\$		
	\$		\$		

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



ENVIRONMENTAL INSURANCE SERVICES, LLC.

2165 N. Glassell Street Orange, CA 92865

Office: 800-992-6999 Fax: 800-999-3987

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

Classification	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	\$	\$

Classification	Projected Receipts Next 12 Months	Receipts Previous Year
Microbial Test/Consulting	\$	\$
Owned Laboratories	\$	\$
Phase I/Site Assessments	\$	\$
Phase II Site Survey	\$	\$
Remediation Design	\$	\$
Storage Tank Testing	\$	\$
Toxicology	\$	\$
UST/Soil Remediation	\$	\$
Wastewater treatment	\$	\$
Other (describe)	\$	\$

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

General Liability: Yes No

Professional Liability: Yes No

Pollution Liability: Yes No

- 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: \$ _____

Deductible: \$ _____

Additional information requested:

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

Signature

Date