

**ENVIRONMENTAL ENGINEERS, CONTRACTORS & HAULERS**  
**LIABILITY INSURANCE QUESTIONNAIRE**

1. Applicant's Name: \_\_\_\_\_
2. Principal Business Address: \_\_\_\_\_
3. Telephone: \_\_\_\_\_ Fax #: \_\_\_\_\_
4. Number of years in Operation: \_\_\_\_\_
5. Type of business: Corporation: \_\_\_\_\_ Partnership: \_\_\_\_\_ Individual: \_\_\_\_\_
6. Is the firm engaged in, owned by, associated with, or controlled by any other business? If yes, please explain: \_\_\_\_\_
7. Describe your operations fully (attach separate sheet if necessary): \_\_\_\_\_  
 \_\_\_\_\_
8. Describe your subcontracted operations: \_\_\_\_\_  
 \_\_\_\_\_
9. What is the estimated annual cost of subcontracted operations? \_\_\_\_\_
10. Do you require your subs to carry their own insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what types of insurance do you require? \_\_\_\_\_
11. Number of employees (including owners): \_\_\_\_\_ Total payroll: \_\_\_\_\_
12. Please complete the following:

<b>PRIOR &amp; CURRENT GENERAL LIABILITY INFORMATION</b>					
<b>Name of Company</b>	<b>Limit of Liability</b>	<b>Claims-made OR Occurrence?</b>	<b>Premium</b>	<b>Expiration date</b>	<b>Retroactive date</b>

<b>PRIOR &amp; CURRENT POLLUTION LIABILITY INFORMATION</b>					
<b>Name of Company</b>	<b>Limit of Liability</b>	<b>Claims-made OR Occurrence?</b>	<b>Premium</b>	<b>Expiration date</b>	<b>Retroactive date</b>

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

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

Classification	Projected Receipts Next 12 Months	Receipts Previous Year	Classification	Projected Receipts Next 12 Months	Receipts Previous Year
Asbestos Abatement	\$	\$	UST/ Soil Remediation	\$	\$
Env. Engineering /Consulting	\$	\$	Lead Paint Abatement	\$	\$
Hauling for Others	\$	\$	Other (describe)	\$	\$

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

General Liability \_\_\_\_\_ Deductible: \_\_\_\_\_  
 Professional Liability \_\_\_\_\_ Deductible: \_\_\_\_\_  
 Pollution Liability \_\_\_\_\_ Deductible: \_\_\_\_\_

Limits of Liability: \_\_\_\_\_ \$ 500,000 per occurrence/ \$ 500,000 aggregate  
 \_\_\_\_\_ \$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

\*\*\* PLEASE ATTACH RESUME(S) AND STATEMENT OF QUALIFICATIONS \*\*\*

A premium indication is not a firm quote. A firm quote can only be obtained after the following items are received and reviewed by a Company Underwriter:

- \*Completed and signed application
- \*Current financials on established firms, pro forma financials on new businesses
- \*Sample written contract including indemnification provisions
- \*Description of quality control (manuals if available)
- \* Advertising brochures/booklets, if available
- \*Certifications & Licenses of company & Key Employees

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

To receive a premium indication, please fax or mail this completed form to:

**Frenkel Construction & Professional Services Group**

725 So. Figueroa St., #2200

Los Angeles, CA 90017

PHONE: 213-787-1105 FAX: 213-787-1167