

Environmental Contractors and Consultants Questionnaire
Associated Insurance Service, Inc. Since 1955
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Applicant Name:
Physical Address:
City, State, Zip:
Contact-Name/Phone/Email:

Year Business Started: _____ **Website:** _____

Limits of Liability (Per Occurrence/Aggregate) Circle one

\$500K/\$500K	\$2MM/\$2MM	\$4MM/\$4MM
\$500K/\$1MM	\$2MM/\$4MM	\$4MM/\$8MM
\$1MM/\$1MM	\$3MM/\$3MM	\$5MM/\$5MM
\$1MM/\$2MM	\$3MM/\$6MM	\$5MM/\$10MM

Deductible Amount (circle) \$5,000 \$10,000 \$25,000 \$50,000 \$100,000

Total revenue estimated 12-month period: \$ _____

Specify the percentage of gross receipts in the U.S. attributable any particular state:

Environmental Contractors and Consultants

Provide a detailed description of majority of Environmental Contracting Services performed.
(I.e. Asbestos Abatement, Brokerage, Packing, Groundwater, Tanks, etc)

Total Projected Sales: _____

Do You perform other services (non-environmental) If Yes, please explain below

Total Projected Sales (non-environmental): _____

Do you currently have Pollution/Professional (E&O) Liability coverage ?

Carrier	Annual Premium	Coverage Form
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Claims or Losses (If none, please state or attach current loss runs):

Note: Premium indication is subject to receipt and review of completed application, financials, scopes-statement of qualifications and currently valued loss runs. Additional underwriting criteria may be requested or required to affirm coverage.