



AMERICAN SURETY BONDS

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Environmental Contractor Questionnaire

Firm Name: _____

Expiring Insurance Program

General Liability	Contractor Pollution Liability	Professional Liability
<input type="checkbox"/> None <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made	<input type="checkbox"/> None <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made	<input type="checkbox"/> None <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made
Carrier:	Carrier:	Carrier:
Limits:	Limits:	Limits:
Deductible/SIR:	Deductible/SIR:	Deductible/SIR:
Premium:	Premium:	Premium:
Effective Dates:	Effective Dates:	Effective Dates:
Retroactive Dates:	Retroactive Dates:	Retroactive Dates:

Operations & Services—Check All That Apply

- | | |
|---|--|
| <input type="checkbox"/> Asbestos Abatement | <input type="checkbox"/> AST Cleaning/Maintenance |
| <input type="checkbox"/> AST Installation | <input type="checkbox"/> Bioremediation |
| <input type="checkbox"/> Emergency Response/Haz mat Cleanup | <input type="checkbox"/> Environmental Drilling |
| <input type="checkbox"/> Fire & Water Restoration | <input type="checkbox"/> Ground Water Restoration |
| <input type="checkbox"/> Industrial Cleaning | <input type="checkbox"/> Labpacking/Drum Handling |
| <input type="checkbox"/> Landfill Operation/Maintenance | <input type="checkbox"/> Landfill Liner Installation |
| <input type="checkbox"/> Lead Abatement | <input type="checkbox"/> Medical Waste Pickup |
| <input type="checkbox"/> Mold/Fungus Abatement | <input type="checkbox"/> PCB Removal |
| <input type="checkbox"/> Pesticide/Herbicide Application | <input type="checkbox"/> Pipeline Cleaning Installation |
| <input type="checkbox"/> Sampling | <input type="checkbox"/> Septic Tank Cleaning |
| <input type="checkbox"/> Soil Excavation—Petroleum | <input type="checkbox"/> Soil Excavation—Other (Explain) |
| <input type="checkbox"/> Soil Remediation | <input type="checkbox"/> UST Installation |
| <input type="checkbox"/> UST Removal | <input type="checkbox"/> Water Treatment Plant Operation/Maintenance |
| <input type="checkbox"/> Wastewater Treatment Plant Operations/ Maintenance | <input type="checkbox"/> Wetlands Contracting |
| <input type="checkbox"/> Other (Explain): | |

Professional Services—Check All That Apply

- | | |
|--|---|
| <input type="checkbox"/> Analytical Laboratories | <input type="checkbox"/> Asbestos and/or Lead Consulting |
| <input type="checkbox"/> AST Testing | <input type="checkbox"/> Building Materials Testing |
| <input type="checkbox"/> Civil/Structural Engineering | <input type="checkbox"/> Environmental Consulting |
| <input type="checkbox"/> Environmental Training | <input type="checkbox"/> Eyewitness Testimony Litigation |
| <input type="checkbox"/> General Consulting | <input type="checkbox"/> Geotechnical Engineering |
| <input type="checkbox"/> Groundwater Monitoring | <input type="checkbox"/> Hydro Geological Investigations |
| <input type="checkbox"/> Industrial Hygiene/Health Safety | <input type="checkbox"/> Mold Fungus Assessments/Testing/Consulting |
| <input type="checkbox"/> Phase I Environmental Assessments | <input type="checkbox"/> Phase II Environmental Assessments |
| <input type="checkbox"/> Process Engineering | <input type="checkbox"/> Project Management |
| <input type="checkbox"/> Real Estate Audits/Assessments | <input type="checkbox"/> Regulatory Compliance/Permitting |
| <input type="checkbox"/> Remedial Design | <input type="checkbox"/> Software Design |
| <input type="checkbox"/> Soil Testing/Analysis | <input type="checkbox"/> Surveying |
| <input type="checkbox"/> UST Testing | <input type="checkbox"/> Waste Brokering |
| <input type="checkbox"/> Wetlands Consulting | <input type="checkbox"/> Other: |

Please indicate the approximate percentage of your total gross revenue derived from the following categories of clients:

Federal Government.....	_____ %	Real Estate Development.....	_____ %
State Government.....	_____ %	Lending Institutions/Banks.....	_____ %
Local Government.....	_____ %	Owners Acting as their Own Contractors.....	_____ %
Contractors.....	_____ %	Educational Facilities.....	_____ %
Commercial.....	_____ %	Industrial.....	_____ %
Residential.....	_____ %	Other.....	_____ %
Architects, Engineers, Environmental Contractors	_____ %		

Subcontractors and Subconsultants

What percentage of work do you subcontract out to others? _____

What work do you subcontract? _____

Are subcontractors and/or consultant required to have Contractor's Pollution Liability and/or Professional Liability Insurance? Yes No

If required by trade only, please specify trades: _____

What are the limits of liability required for your subcontractors and/or subconsultants?

General Liability: _____ Professional Liability: _____

Contractor's Pollution Liability: _____

General Information

Do you own, operate or lease a water treatment, wastewater treatment storage or disposal facility?..... Yes No

Do you have written quality control procedures?..... Yes No

Do you have an in-house education program?..... Yes No

Do you have a formal health and safety program in place?..... Yes No

Is any work done through or by any affiliated or related company(s)?..... Yes No

Are you or any affiliate, related or predecessor entity currently involved in any environmental litigation? Yes No

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Do you install any type of liner (landfill, lagoons, etc.)?..... Yes No

Do you work on residential properties?..... Yes No

Do _____ haul _____ contaminates _____

yourself?..... Yes No

If yes, does your commercial auto policy include pollution liability?..... Yes No

What is the limit of coverage?..... \$ _____

Total personnel on your staff?

Architects..... _____

Engineers..... _____

Geologists..... _____

Hydrologists..... _____

Industrial Hygienists.... _____

Toxicologists..... _____

CIHs..... _____

CSPs..... _____

Signatures

Signed this _____ day of _____, 20____

Prepared By: _____

Signature: _____ Title: _____

Date: _____