

Your First Step in establishing a program that will provide excellent coverage is to complete the following questionnaire. Your information will be Processed against over 100 different companies and a proposal will be created. Providing as much information as possible will give you the best chance to get excellent rates.

Looking for Consultants Insurance

Bridenstine and Associates

Fax 612-395-5233

Contact First Name _____ Contact Phone Number _____
Contact Last Name _____ Fax _____
Your Company Name _____ Your Web Page Address _____
Mailing Address 1 _____ Email _____
Mailing Address 2 _____ Evening Phone _____
Mailing City _____ State _____ Zip Code _____ Cell Phone _____
Contact Notes _____

Location Address 1 _____
Location Address 2 _____
Location City _____ State _____ Zip Code _____

Years in business _____

Business Type Individual Corporation Partnership
 Joint venture LLC Other

Premises Type Owner Owner-Lessor Service
 Off ice Habitational

Program Retail Wholesale Service
 Off ice Habitational

Description of operations _____

Mortgagee name & address _____

Business liability _____ \$300,000, \$500,000, or \$1,000,000

Business personal property to cover _____ enter \$ amount

Deductible _____

Exterior glass Yes No Sign Yes No

Amount of Money & Securities ie \$10,000 Inside/\$2,000 outside _____

Systems breakdown - Boiler and Machinery Yes No

Accounts receivable Amount _____

Valuable papers _____

Business computer: Hardware _____

Software _____

Employee dishonesty _____

Additional insured name & address _____

Non-owned and hired automobile _____

Building Amount to insure _____
Replacement cost _____
Actual cash value _____
Construction Frame Joisted masonry
 Masonry: Noncombustible
 Fire resistive
Sq. foot area of each building _____
Sq. foot area occupied by applicant _____
Year of construction _____
Number of stories _____

Annual Sales _____

Annual payroll _____

Number of Employees _____

Payroll Excluding Owner _____

Prior Insurance Description Past 3 Years (Company Name, Year's Covered)

Loss History (Descriptions, Dates, Amount paid)

Remarks

CONSULTANTS QUESTIONNAIRE

[Coverage Checklist](#)
[Risk Survey](#)

Contact Name _____

Federal Tax ID # _____

Contact Phone # _____

MN unemployment ID # _____

of Owners _____

Years Experience _____

APPLICANT		DATE		Contact	
ADDRESS					
CITY		STATE	ZIP CODE	TELEPHONE #	

Company is an: Individual Partnership Corporation Joint Venture Other (describe) _____

1. COVERAGE REQUESTED <input type="checkbox"/> New Business <input type="checkbox"/> Renewal <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made <input type="checkbox"/> _____ <input type="checkbox"/> Professional Liability <input type="checkbox"/> Contractors Pollution Liability <input type="checkbox"/> Professional Liability	2. Proposed Effective Date: Proposed Retroactive Date: 3. LIMITS OF LIABILITY/DEDUCTIBLE Limits Requested: Deductible Requested: 4. Other Coverages and Endorsements:
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5. HISTORY OF COMPANY

Date Established: _____

Have there been any acquisitions, consolidations, dissolutions, mergers? Yes No

If yes, explain: _____

Does the firm have: Subsidiaries A parent company Other related entities

If yes, explain: _____

Do you share employees? Yes No If yes, explain: _____

6. PRIOR LIABILITY CARRIER INFORMATION

COVERAGE FORM	CARRIER	RECEIPTS	LIMIT OF LIABILITY	DEDUCTIBLE	TYPE OF POLICY	RATE	PREMIUM

Any policy or coverage declined, cancelled or non-renewed during the prior three years?
 Yes No If yes, explain: _____

ALL APPLICANTS MUST SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THE APPLICATION:

- 1) Qualifications including resumes, brochures and a listing of previous projects.
- 2) Most recent income statement and balance sheet.
- 3) Five years of valued loss runs including pollution and professional, if applicable.
- 4) Completed Acord Application.

7. Total personnel (List each person only once by primary function):

a. Architects, Engineers, Geologists, Hydrogeologists	_____
b. Industrial Hygienists, Toxicologists, CIHs or CSPs:	_____
c. Draftsmen, Technicians:	_____
d. Supervisors/Foremen/Leadmen:	_____
e. Laborers:	_____
f. AHERA, Hazwopers:	_____
g. Other (specify): _____	_____

Please attach all key persons resumes, certifications and licenses.

8. Has any officer of the company ever been the subject of disciplinary action by authorities as a result of a professional or contracting activities? Yes No If yes, please explain: _____

Receipts for the past 3 fiscal years: _____ / _____ / _____

Dates: _____ / _____ / _____

9. Please list your estimated receipts for the next 12 months next to the appropriate category:

Consulting/ Laboratory **Est. Gross Receipt :**

- a) Environmental Compliance: \$ _____
- b) Environmental Permitting: \$ _____
- c) Air Monitoring: \$ _____
- d) Environmental Sampling: \$ _____
- e) Expert Witness: \$ _____
- O Litigation Support: \$ _____
- 9) Wildlife Studies \$ _____
- h) Environmental Impact Studies: \$ _____
- i) Safety Training: \$ _____
- D Manual Preparation: \$ _____
- k) Phase I & 11 Audits/Assessment: \$ _____
- l) Remedial Investigation/Studies: \$ _____
- in) Feasibility Studies \$ _____
- n) Phase III/Project Consulting: \$ _____
- o) Haz Mat Consulting: \$ _____
- p) UST Testing: \$ _____
- q) Environmental Laboratories \$ _____
- r) Wetlands: \$ _____
- s) Geotechnical/Geophysical: \$ _____
- t) Other Professional Services \$ _____
- Describe: _____ \$ _____
- Describe: _____ \$ _____
- Describe: _____ \$ _____
- Describe: _____ \$ _____
- Describe: _____ \$ _____
- Describe: _____ \$ _____

Total Consulting Receipts: \$ _____

10. Subcontractors / Subconsultants / Independent Contractors

What is your estimate Cost of Subcontracted Operations for the next 12 months? \$ _____

Please identify the services that you subcontract:

Applicable Cost

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Does your firm collect Certificates of Insurance from All Subcontractors? Yes No

11. Do you use a standard indemnity contract with your clients and subs? Yes No If no, please detail your contract procedures: _____

12. Do you conduct tank installation work? Yes No
 If yes, please answer the following:
 What percentage of your overall sales are associated with this operation: _____
 Are the installed tanks precision tightness tested before being released to owner? Yes No
 Do you apply any type of corrosion protection? Yes No
 Are tanks tested and certified by a registered professional before use? Yes No
Please submit the following: Resumes and certifications of all tank installation employees, type of tanks you install, type of corrosion protection you install, installation procedures.

13. Do you install any type of liner, i.e. landfill, lagoons, etc. Yes No
 If yes, please answer the following:
 What percentage of your overall sales are associated with this operation: _____
Please submit the following: Resumes and certifications of employees installing the liners, installation procedures, testing procedures for the installed liner.

14. Do you operate an in-house laboratory? Yes No
 If yes, please answer the following:
 What percentage of your overall sales are associated with this operation: _____
 Do you conduct regular in-house training courses? Yes No If yes, how often?: _____
 Are all laboratory employees properly certified and/or licensed? Yes No
Please submit the following: Laboratory accreditation certifications, table of contents of QA/QC manuals, and chemical hygiene plans.

15. Do you conduct any type of geotechnical or geophysical operations? Yes No
 If yes, please answer the following:
 What percentage of your overall sales are associated with this operation: _____
Please submit the following: A detailed list of your geotechnical and geophysical operations, Detailed resumes of employees who conduct these operations.

17. Has any claim, suit or notice of incident been made against the firm or any staff member? Yes No
 If yes, please attach full details on each incident. _____

A. Please answer ALL questions. If more space is required to answer a question, continue on applicant's letterhead.

B. This supplement must be signed and dated by a principal, partner, officer of the prospective insured's organization and will be attached to the policy, should one be issued.

1. Within the past five (5) years has the applicant:

- a) Consulted on mergers, acquisitions, capitalizations, divestitures or liquidations? ___Yes ___No
- b) Prepared, reviewed or approved architectural, engineering or construction maps, plans, opinions, estimates, surveys, designs or specifications or otherwise been involved with the design, construction, demolition or testing of any building or structure? ___Yes ___No
- c) been involved in the management, purchase, sale or development of any real estate? ___Yes ___No
- d) been involved in any financial consulting or any environmental consulting? ___Yes ___No

2. Please indicate the percentage of your annual revenue from the last fiscal period involving:

executive search / recruiting	_____%	feasibility studies	_____%
human resource consulting	_____%	management audits	_____%
education / training	_____%	project management	_____%
quality improvement / quality control	_____%	mgmt. / ownership succession planning	_____%
business communication	_____%		
administrative / office services	_____%		
TOTAL (A)	-----%	TOTAL (B)	-----%
strategic and long-range planning	_____%	new business start-ups	_____%
financial information and planning	_____%	finance and accounting services	_____%
mergers and acquisitions	_____%	research and development	_____%
long-term projects (1 year or more)	_____%	marketing services	_____%
downsizing / rightsizing	_____%	EDP / MIS services	_____%
TOTAL (C)	-----%	TOTAL (D)	-----%

$$(A) \text{ _____\% } + (B) \text{ _____\% } + (C) \text{ _____\% } + (D) \text{ _____\% } = \mathbf{100\%}$$

3. Does the applicant provide any services other than those services listed above in 2?

___ Yes ___ No

If yes, provide details on a separate sheet.

18, Is the applicant aware of any circumstances, which may result in any claim, suit or notice of incident against him, the firm, his predecessors in business, any of the present or past partners or officers, or any staff Member? Yes No If yes. please attach full details on each incident,

Please Complete Below if requesting Workers Compensation Insurance

Prior work comp carrier _____
 Description of business operation _____

3. INSURANCE RATING INFORMATION (required)

Class code	Duties of employees	Number of employees		2004-2005 est. annual payroll
		Parttime	Fulltime	
				\$
				\$
				\$
				\$
				\$

Experience modification, if any: _____

Have there been any workers' compensation losses in the past three years? (Use your mouse to check one)

Yes No _____

If "yes," please give the dollar amount of total losses: \$ _____

Does the insured's responsibilities include project management or oversight of their client's operations and/or employees? Yes No

Describe other control measures in place ? _____