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FACILITY INFORMATION SUPPLEMENT

Applicant/Insured Name: _____

Date of 1st Job: _____ Date of Last Job: _____

Please complete the information below for each location to be insured. Make copies of this form as necessary.

1. Address of location to be covered: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Contact person: _____

2. Acreage of site: _____

3. Please provide a general description of site activities conducted: _____

4. Please describe the historical uses of the location: _____

5. Please state expected future use of the property, including plans for construction or renovation of the property: _____

6. Please describe properties and industries adjacent to the location, within 3 miles: _____

7. Raw/Process Materials: Check here if none:

If materials are listed below, please attach a copy of any applicable permits.

No.	Material	Annual Use (gal)	Any One Time (gal. max)	Storage Method (cylinder, drum, tank, etc.)

(match number of material to above table)

No.	Composition	Quantity Per Day	Treatment Process	Discharged To	Number Years

8. Offsite Waste Disposal:

Composition	Length of Onsite Storage	Quantity Per Year	Disposal Facility

9. Air Emissions? Yes No

Source	Composition	Number Years	Control Equipment Process

Print Name: _____ Daytime Phone: _____

Signature: _____ Date: _____