



## Emergency Response Teaming Contractor Subcontractor Questionnaire / Corporate

Corporate Office Information					
Corporate Name:					
Address:					
City:		State:		Zip:	
Phone: ( )		Fax: ( )			
Toll Free: ( )		ER Phone: ( )			
Website:					

Key Contact Information			
Name:			
Phone: ( )		Fax: ( )	
Email:			
Title:			

Experience Modification Rate (EMR) Information		
EMR Rate:		<i>For HEPACO Office Use Only (no entry required)</i>
	Status:	

Insurance Information		
Certificate Expiration Date:		<i>For HEPACO Office Use Only (no entry required)</i>
<b>** Please send a copy of your current Insurance Certificate **</b>	On File?	Yes / No

Contract Information		
<i>For HEPACO Office Use Only (no entry required)</i>		
Type:		Date:

Rate Schedule Information		
Date:		<i>For HEPACO Office Use Only (no entry required)</i>
	On File?	Yes / No
Notes:	<hr/> <hr/> <hr/>	