



U.S. Department of Justice
Office of the United States Trustee
District of Utah

INSURANCE & ENVIRONMENTAL QUESTIONNAIRE

The Failure to maintain appropriate insurance coverage is grounds for conversion or dismissal of a Chapter 11 case pursuant to 11 U.S.C. § 1112(b)(4)(c).

§1112 of the Bankruptcy Code requires a chapter 11 debtor to protect its assets and the public. Failure to have or maintain coverage consistent with industry standards constitutes grounds for dismissal or conversion of your case. This questionnaire is to notify the United States Trustee about the adequacy and recent history of insurance coverage on assets of your bankruptcy case.

THIS FORM AND A COPY OF YOUR MOST RECENT INSURANCE POLICY (declarations page only) SHOULD BE FAXED to the Office of United States Trustee WITHIN 5 BUSINESS DAYS OF RECEIPT.

Fax to: (801) 524-5628 Attention: James Gee Bankruptcy Analyst

Case Name _____ **Case No.** _____

Answer the following:

1) Was there insurance coverage on the assets of this estate at the date of the bankruptcy petition?
 YES ___ NO ___

2) Are the assets of this estate comprised solely of raw land or unimproved property including **all** of the following 1) no structures or buildings 2) no operating business 3) no known environmental hazards
 YES ___ NO ___

3) If insurance has lapsed or has been cancelled within the past year, indicate the date(s) of any gaps in coverage: _____

4) To the best of your knowledge, what assets, if any, were uninsured or under-insured on the date of the bankruptcy filing? _____

5) What efforts are underway to reinstate or increase insurance coverages to appropriate levels (to industry standards), if applicable? _____

6) Are there any known environmental hazards on any property of the debtor? Yes ___ No ___
 If yes, attach a list and explanation of each hazard.

IN ACCORDANCE WITH TITLE 28, SECTION 1746 OF THE UNITED STATES CODE, I DECLARE UNDER PENALTY OF PERJURY THAT I HAVE COMPLETED THIS INSURANCE QUESTIONNAIRE ON BEHALF OF THE CHAPTER 11 DEBTOR AND, TO THE BEST OF MY KNOWLEDGE, THIS REPORT AND RELATED DOCUMENTS ARE TRUE, CORRECT AND COMPLETE.

SIGNATURE OF RESPONSIBLE PARTY	DATE REPORT SIGNED
_____	_____

PRINTED NAME OF RESPONSIBLE PARTY AND POSITION WITH DEBTOR