



# VIRTUE PACK

**VIRTUE RISK PARTNERS**

[www.virtuerisk.com](http://www.virtuerisk.com)

## SERVICE BUSINESS PACKAGE LIABILITY APPLICATION ADDITIONAL INSURED SUPPLEMENTAL

**E-MAIL COMPLETE SUBMISSION TO:**

[Submissions@virtuerisk.com](mailto:Submissions@virtuerisk.com)

**ATTACH ADDITIONAL PAGES TO PROVIDE ADDITIONAL INFORMATION REQUESTED**

### **PART I – Applicant Information:**

Applicant Entity Name: \_\_\_\_\_ Year Established: \_\_\_\_\_

DBA: \_\_\_\_\_ FEIN: \_\_\_\_\_ Contact Name, Title: \_\_\_\_\_

Corporate Mailing Address: \_\_\_\_\_

### **PART II – Additional Insured Specifics:**

1. Which Additional Insured form is being requested? \_\_\_\_\_

2. Is there a contractual obligation to name the above additional insured?  Yes  No

If no, explain why needed: \_\_\_\_\_

3. What is the insurable interest of the Additional Insured (i.e. General contractor, owner, developer, manager of premises, etc.)?  
\_\_\_\_\_

4. Describe the work the named insured will perform for the additional insured:  
\_\_\_\_\_

5. What are the operations of the requested additional insured?  
\_\_\_\_\_

6. If more than one person or organization is shown as part of the additional insured being requested, do they all have combinable interest?  Yes  No  NA If No, separate additional insured endorsements are required.

7. Does the additional insured maintain their own insurance to cover their operational exposures?  Yes  No

Complete the following regarding the work to be performed:

8. Work Performed is:  Commercial  Industrial  Residential  
If Residential:  New Construction  Remodeling Interior  Repair and Service  
 Room Additions  Other Structural Alterations

9. Project/Job Information: \_\_\_\_\_

Estimated Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

Project/Job Location: \_\_\_\_\_

Cost of Job: \$ \_\_\_\_\_

10. Is the above project/job work required because of a prior construction defect claim?  Yes  No

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## FRAUD WARNINGS

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **(Not applicable to Oregon.)**

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO RHODE ISLAND APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**NEW YORK FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**COVERAGE NOTICE:**

**This Application is for a CLAIMS MADE AND REPORTED POLICY. The Policy does not cover CLAIMS that took place prior to the Retroactive Date. This Policy only covers CLAIMS properly reported to the Company during the POLICY PERIOD or by the end of any EXTENDED REPORTING PERIOD. All coverage afforded by this policy ceases upon the termination of the policy and the AUTOMATIC EXTENDED REPORTING PERIOD (up to 180 days) unless the Insured purchases the OPTIONAL EXTENDED REPORTING PERIOD (up to 36 months). During the first several years of the claims-made relationship, claims-made rates are comparatively lower than occurrence rates, and that the insured can expect substantial annual premium increases, independent of overall rate level increases, until the claims-made relationship reaches maturity.**

The undersigned applicant represents and warrants that the above statements and facts are true, complete and accurate and that the information contains no material misrepresentation of facts, and that no facts have been suppressed or misstated. All written statements and materials furnished in conjunction with this Application are hereby incorporated by reference into this Application and made a part hereof. Completion of this Application form does not bind coverage. Applicant's acceptance of the insurance company's quotation is required prior to binding coverage and policy issuance. The individual signing below represents that the answers provided herein are based on personal knowledge or a reasonable inquiry and/or investigation.

**I acknowledge by signature to this Application that if I choose to cancel my Policy, the return premium will be calculated subject to a minimum earned premium or subject to a short rate penalty, whichever is greater.**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

(Please print)

Name of Insurance Agent of Broker:

License Number:

Signature of Insurance Agent or Broker:

Date: