

VIRTUE RISK PARTNERS

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SERVICE BUSINESS PACKAGE LIABILITY RENEWAL APPLICATION

This renewal application is for an Environmental Services Package Policy including General Liability, Contractors Pollution Legal Liability, Excess Liability and/or Environmental Impairment Liability.

E-MAIL COMPLETE SUBMISSION TO:

Submissions@virtuerisk.com

ATTACH ADDITIONAL PAGES TO PROVIDE ADDITIONAL INFORMATION REQUESTED

THIS APPLICATION IS FOR AN INSURANCE POLICY OFFERING SOME COVERAGES ON A CLAIMS-MADE AND REPORTED BASIS. BEFORE BINDING COVERAGE, PLEASE READ THE POLICY, ENDORSEMENTS, AND ALL NOTICES CAREFULLY AND DISCUSS THE COVERAGE AFFORDED WITH YOUR AGENT OR BROKER.

Renewal Submission Requirements:

In order for us to provide quotations by the date needed, additional information about the Named Insured must be submitted. A checklist listing this information may be found on the last page of this application. Please submit this information and let us know in the space immediately below, the date by which you will need to receive our renewal proposal. Date Quote Needed By: _____

Applicant Information:

Named Insured: _____

DBA: _____ FEIN: _____ Contact Name, Title: _____

Corporate Mailing Address: _____

RENEWAL INSTRUCTIONS

Effective Date: _____

- Renew per expiring coverage
- Renew and amend coverage / endorsements. Add/remove/revise the following: _____)

REPORTABLE CHANGES: If changes are required, answer all questions in the spaces below:

- | | |
|--|--|
| <input type="checkbox"/> Changes in Coverages and Terms | <input type="checkbox"/> No Change |
| <input type="checkbox"/> Changes in Forecasted Revenues | <input type="checkbox"/> No Change |
| <input type="checkbox"/> Changes in Contracted Services | <input type="checkbox"/> No Change |
| <input type="checkbox"/> Changes in Geography | <input type="checkbox"/> No Change |
| <input type="checkbox"/> Changes in Operating Practices | <input type="checkbox"/> No Change |
| <input type="checkbox"/> Changes in Staffing | <input type="checkbox"/> No Change |
| <input type="checkbox"/> Changes / Renewal of Auto or Employers Liability Coverage | <input type="checkbox"/> No Change <input type="checkbox"/> Excess Coverage Does Not Apply |
| <input type="checkbox"/> Other Material Changes | <input type="checkbox"/> No Change |
| <input type="checkbox"/> Claims | <input type="checkbox"/> No Change |
- The Named Insured has **NO CHANGES** to report that are material to the renewal of this policy.

REPORTABLE CHANGE DETAILS: ITEMS 1 – 9

ITEM 1: COVERAGES AND TERMS

CONSIDER CHANGES to expiring coverage as follows:

- **ADD** New Coverage Part(s): _____ CGL CPL PL EIL
- **REVISE** Limit(s): _____ CGL CPL PL EIL
- **REVISE** Deductible(s): _____ CGL CPL PL EIL
- **ADD or REVISE** Endorsement (s): _____ CGL CPL PL EIL
- **ADD or REVISE OTHER: (Specify):** _____ CGL CPL PL EIL

ITEM 2: REVENUE

The Named Insured's gross revenue estimates for the next 12-months are different than what was reported for the past policy year. Estimated Gross Revenues for the next 12 months are: \$_____.

ITEM 3: CONTRACTED SERVICES

List any "new services" the Named Insured has offered or contracted since the expiring policy's inception date:

List any "discontinued services" or "client types" since the expiring policy's inception date:

List any services the Named Insured has sub-contracted to others since the expiring policy's inception date:

List any other change(s) in the Named Insured's operations, since the expiring policy's inception date, that are relevant to income the Named Insured generates on an annual basis. _____

ITEM 4: CHANGE IN GEOGRAPHY

The Named Insured has expanded their operations to a new geography. Explain: _____

Percentage of total annual revenues: Domestic: _____% Foreign: _____%

ITEM 5: OPERATING PRACTICES

The Named Insured has altered their standard contract(s) used when working with clients (attach revisions).

The Named Insured has altered their standard contract(s) used when working with subs (attach revisions).

The Named Insured has made other changes to its operating practices, policies, or procedures which could impact the revenue they typically generate on an annual basis. Explain:

ITEM 6: STAFFING

The Named Insured has added new Key Personnel (attach resumes).

Other changes have been made to the Named Insured's staff which could impact the revenue they typically generate on an annual basis. Explain: _____

ITEM 7: AUTO AND EMPLOYERS LIABILITY COVERAGE

The Underlying Auto policy has renewed. The new Insurer's Declarations are attached.

The total number of autos insured Auto policy has changed. Total Number of Autos now insured is _____
Attached is this policy year's Excess Accord application including the breakdown of insured vehicles.

The Underlying Employer's Liability carrier has changed. The new Insurer's Declaration are attached.

There has been claims activity in excess of \$50,000 this past policy year. Explain: _____

ITEM 8: OTHER MATERIAL CHANGES

The Named Insured has plans of a potential merger, acquisition or divestiture within the next twelve months.

OTHER CHANGES that are/could be material to this policy renewal:

ITEM 9: CLAIMS

The Named Insured expects or is aware of possible circumstances that could result in a claim, suit or notice of incident being brought against them? Explain or attach details: _____

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.

REQUIRED SUBMISSION INFORMATION

To obtain a bindable quote, the following information is required:

(Check all boxes below if attached)

- Virtue Pack Environmental Services "Renewal Application". Please remember to include your revenue forecast
- Most current audited Financials.
- Revised list of Named Insureds and Additional Insureds, if applicable.
- Provide details of any new or altered information from the expiring policy term, if applicable.
- If Excess coverage applies, please provide updated underlying carrier information by submitting applicable Declarations page (ex. Auto/No. of Power Units, Employer's Liability).

E-MAIL COMPLETE SUBMISSIONS TO: Submissions@virtuerisk.com

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 and 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: