



VIRTUE PACK

VIRTUE RISK PARTNERS

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SERVICE BUSINESS PACKAGE LIABILITY APPLICATION GEOTECHNICAL SUPPLEMENTAL

E-MAIL TO: Submissions@virtuerisk.com

ATTACH ADDITIONAL PAGES TO PROVIDE ADDITIONAL INFORMATION REQUESTED

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

PART I – Applicant Information:

Applicant Entity Name: _____ Year Established: _____

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

Corporate Mailing Address: _____

- Estimated Revenue from Geotechnical related work for current 12 months
\$ _____ Next fiscal year \$ _____ Prior fiscal year \$ _____
- In which states do you perform this work? _____
- Do you perform any services on new Tract, Condo, Townhome, Duplexes, Triplexes, or Patio Home developments Yes No
- Provide detail pertaining to the revenue your firm generates from different types of Geotechnical inspections:

	<u>Total Revenue</u>	<u>% Generated by Insured</u>	<u>% Generated by Sub Contractors</u>
Soil Mechanics	\$	\$	\$
Geotechnical Investigation			
Soil Sampling	\$	\$	\$
Laboratory Testing	\$	\$	\$
Foundations			
Shallow Foundations	\$	\$	\$
Deep Foundations	\$	\$	\$
Lateral Earth Support Structures			
Gravity Walls	\$	\$	\$
Cantilever Walls	\$	\$	\$
Excavations shoring	\$	\$	\$
Earth Structures	\$	\$	\$
Slope Stability	\$	\$	\$
Geosynthetics	\$	\$	\$
<u>Coastal Ocean Engineering</u>	\$	\$	\$
Total Receipts	\$	\$	\$

- What percentage of your total operating revenue is attributable to the services listed above _____%
- Has your firm or any licensed Geotechnical Engineer ever been the subject of a suit against them, their firm, or damages associated with their involvement on a project? Yes No

Subcontracting and Sub Consultant Information

- Are geotechnical related subcontractors/ sub consultants hired under written contract? Yes No
- Does the contract contain an Indemnity provision in favor of the applicant? Yes No
- Are Sub consultants required to carry Professional Liability Insurance? Yes No

Operating Practices

10. What measures are employed to protect personnel at a job site? _____
-
11. If you generate revenue from Geotechnical Investigation work, what percentage of this revenue is generated from:
- | | | | | | |
|-------------------------------|-------|------------------------|-------|-------------------------------|-------|
| Geological mapping | ____% | Geophysical Analysis | ____% | Photogrammetry | ____% |
| Test Pit Sampling | ____% | Trenching | ____% | Large Diameter Boring Samples | ____% |
| Small Diameter Boring Samples | ____% | Cone Penetration Tests | ____% | Standard Penetration Tests | ____% |
12. Do you engage in locating fault lines? Yes No
Do you subcontract any of this work to others? Yes No In what percentage? ____%
13. Do you engage in locating slide planes? Yes No
Do you subcontract any of this work to others? Yes No In what percentage? ____%
14. If you generate revenue from Coastal Engineering, what percentage of this revenue is generated from:
- | | | | | | | | |
|---|-------|-------------------------|-------|-------------------|-------|---------------------|-------|
| Designing wharves | ____% | Construction of wharves | ____% | Designing marinas | ____% | Marina Construction | ____% |
| Foundation and anchor systems for offshore oil platforms | ____% | | | | | | |
| Foundation and anchor systems for other offshore structures | ____% | | | | | | |
| List types of other offshore structures reference in the previous question: | ____% | | | | | | |
15. In addition to Geotechnical Engineering, does this applicant perform work as an Engineering Geologist? If so, describe operations in full below, if different than what has been previously stated.
-

COMPLETE SUBMISSION REQUIREMENTS

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

(Check all boxes below if attached)

- Virtue Risk's Services Business Package Liability Application, signed and dated by an owner, partner or officer of the applicant or another carrier's similar supplemental application.
- Transcript and certification of graduation from a four year ABET accredited university and graduate school.
- Copies of geotechnical licenses in working jurisdictions, including California specific licenses (if applicable).
- Transcripts evidencing the passing of professional engineering exam(s).
- Provide the standard contract or engagement letter used for geotechnical projects.
- Provide the standard contract used with Geotechnical subcontracting/ sub consulting engineers.
- Resumes of the person or people who engage in any revenue generating work outlined below.

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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: