VIRTUE RISK PARTNERS

www.virtuerisk.com

SERVICE BUSINESS PACKAGE LIABILITY APPLICATION
NEW BUSINESS

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. PLEASE READ THE POLICY, ENDORSEMENTS, AND ALL NOTICES CAREFULLY AND DISCUSS THE COVERAGE AFFORDED WITH YOUR AGENT OR BROKER.

PART I – Coverage Requested (check all that apply)

Effective Date: _____

"Claims-Made" or "Occurrence" Coverage is available for Contractors Pollution Legal Liability Coverage.
"Claims Made" only coverage is available for Professional Liability and Environmental Impairment Liability, Disposal Site and Products Pollution Liability Coverage.

- ☐ COMMERCIAL GENERAL LIABILTY
- ☐ PROFESSIONAL LIABILITY
- ☐ CONTRACTORS POLLUTION LIABILITY
- ☐ ENVIRONMENTAL IMPAIRMENT LIABILITY
- ☐ EXCESS LIABILITY

Supplemental Pollution Coverages (check all that apply)

- ☐ TRANSPORTATION POLLUTION LIABILITY
- ☐ NATURAL RESOURCE DAMAGES
- ☐ MICROBIAL SUBSTANCES
- ☐ DISPOSAL SITE LIABILITY
- ☐ PRODUCTS POLLUTION (Sales)
- ☐ PRODUCTS POLLUTION (Mfg. / Design)

Supplemental General Liability Coverages (check all that apply)

- ☐ HIRED/NON OWNED AUTO
- ☐ EMPLOYEE BENEFITS LIABILITY
- ☐ STOP GAP COVERAGE (ND, OH, WA, WY)

Supplemental Excess Coverage Enhancements (check all that apply)

- ☐ EXCESS COMMERCIAL AUTO
- ☐ EXCESS EMPLOYERS LIABILITY

Limits Desired: $_____

Deductible Options (check all that apply): ☐ $5,000 ☐ $10,000 ☐ $25,000 ☐ $50,000 ☐ Other: $_____

PART II – Applicant Information:

Applicant Entity Name: _____ Year Established: _____

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

Corporate Mailing Address: _____

Applicant is: ☐ Sole Proprietor ☐ Partnership ☐ Joint Venture ☐ Corporation ☐ Other

Does the applicant have: ☐ Subsidiaries ☐ Parent Company ☐ Related Entities

Has the applicant, affiliate, or predecessor entity ever been (or is currently) the subject of bankruptcy related restructuring, insolvency or other debtor related proceeding, or has it made an assignment for the benefit of creditors. ☐ Yes ☐ No (If yes, attach additional details)

Website: _____

PART III – Expiring Insurance Program:

1. Do you currently have a similar Service Business or an Environmental Package Policy? ☐ Yes ☐ No
   If yes, please provide a copy of your current Policy, Declarations and list of Endorsements.
2. Has any carrier refused to renew or has initiated a cancellation with respect to a policy issued to the applicant? ☐ Yes ☐ No
   (If yes, attach additional details)

PART IV – Annual Revenues:

1. Estimated Gross Revenues for current fiscal year $ _____ Next fiscal year $ _____ Prior fiscal year $ _____
2. What percentage of estimated revenue is generated by wrap up projects? _____%
3. What percentage of estimated revenue is generated by subcontracting work to others? _____%
4. Describe the services typically subcontracted to others _____
5. What percentage of estimated revenue is generated from work in New York State (including 5 boroughs)? _____%

6. What percentage of estimated revenue is generated from Fracking or Fracking Related Operations? _____%
7. What percentage of total operating revenue come from services for new residential construction? _____%
8. What percentage of total operating revenue come from services for new Tract, Condo, Townhome, Duplex, Triplex or Patio Home developments? _____%
9. Allocate the percentage of geographic revenue: Domestic _____% Foreign _____%
10. Describe the type of operations engaged in, outside of the United States and Canada. Include a list of countries where operating.
11. Specify which states, within the United States, operations are conducted._____
12. Will revenue be generated in this current fiscal year or the next fiscal year from new contracting, professional, technology services or from any new process? If yes, explain._____

PART V – Client Type:

1. Specify below the applicants client type by percentage. Total must equal 100%.

Commercial ____% Industrial ____% Manufacturing ____% Residential ____% Private ____%

Federal Gvt ____% State Gvt ____% Local Gvt ____% Transportation____% Utilities ____% Other ____%

PART VI – Staffing and Auto Exposures:

1. Specify the total members of staff employed:
   Total _____ Directors / Principals ____ Licensed Professionals ____ Unlicensed Professionals ____ Clerical/Admin_____
2. Does your primary "owned auto" policy also include coverage for Hired or Non-Owned Autos? ☐ Yes ☐ No
3. Do you have a stand-alone Hired Non-Owned Auto policy in place? ☐ Yes ☐ No

PART VII– Claims History:

1. Has Applicant ever been subject to any claim by a client or other third party? ☐ Yes ☐ No
2. In the past 5 years, has the Applicant or related entity become aware of any circumstances that could result in a claim, suit or notice of incident being brought against them? ☐ Yes ☐ No
3. In the past 5 years has the Applicant or any related entity been the subject of a disciplinary action as a result of their professional activities? ☐ Yes ☐ No
4. Has Applicant submitted a GL, CPL, PL or EIL insurance claims in the last 3years? ☐ Yes ☐ No

Attach Loss Runs. If "Yes" has been answered to any question in this section, provide the dates of all claims, actions, suits or notices; dates the acts, errors, omissions gave rise to the claims, suits, actions or notices; names of all claimants; the nature of all claims, actions, suits or notices; the amounts initially demanded; the maximum amount of reserves established; and any / all final dispositions including all settlement amounts.

PART VII – Insured Operations:

1. Does the Applicant use a standard written contract with clients? ☐ Yes ☐ No (If yes, submit with this application)
2. Does the Applicant's contract with clients contain a limitation of liability clause? ☐ Yes ☐ No
3. Does the Applicant offer service representations & warranties? ☐ Yes ☐ No
4. Does the Applicant use a standard written contract with its sub-contractors? ☐ Yes ☐ No (If yes, submit with this application)
5. Does the Applicant contractually require all subcontractors to:
   a) Provide them with additional insured status using ISO 2010 10 01 and 20 37 10 01? ☐ Yes ☐ No
   b) Provide them with copies of insurance certificates & AI endorsements from subs? ☐ Yes ☐ No
   c) Carry primary non-contributory language on their excess liability policies? ☐ Yes ☐ No
   d) Waive Subrogation rights? ☐ Yes ☐ No
   e) Provide hold harmless and indemnification to the extent possible by law? ☐ Yes ☐ No
   f) Carry minimum limits of liability for GL,CPL,PL? ☐ Yes ☐ No
      If Yes, what are minimum limits for GL? _____ CPL? _____ PL? _____
6. Does the Applicant have an in-house continuing education program? ☐ Yes ☐ No
7. Are the Applicant's personnel trained in the use of personal protective equipment? ☐ Yes ☐ No
8. Does the Applicant have personnel responsible for environmental compliance? ☐ Yes ☐ No
9. Does the Applicant select disposal sites for hazardous or non-hazardous waste disposal? ☐ Yes ☐ No
10. Does the Applicant arrange for the disposal of hazardous or non-hazardous waste? ☐ Yes ☐ No
11. Does the Applicant own, operate or lease waste treatment, storage or disposal facilities? ☐ Yes ☐ No
12. Does the Applicant have written Spill Prevention, Control and Countermeasure (SPCC) Plan ☐ Yes ☐ No
13. Does the Applicant have corporate contracts reviewed by counsel? ☐ Yes ☐ No
14. Does the Applicant make use of short term labor? ☐ Yes ☐ No
15. Do you use Drones as part of the services you provide? ☐ Yes ☐ No

PART IX – Contracted and Professional Services: ☐ DOES NOT APPLY

1. Has the applicant discontinued or offered any new services over the past 12 months? ☐ Yes ☐ No
2. Provide percentage of gross revenue derived from operations. Total percentage for A.B. and C below must equal a cumulative 100%

A. Professional Services %

Asbestos Consulting	____%	Mold Consulting	____%
Environmental Consulting	____%	Non-Environmental Consulting	____%
Environmental Engineering	____%	Non-Environmental Engineering	____%
Construction Materials Testing	____%	Energy Consulting	____%
Corrosion Consulting	____%	Corrosion Engineering	____%
Env. Permitting and Regulatory Compliance	____%	Chemical Engineering	____%
Environmental Assessments – Phase I	____%	Environmental Assessments – Phase II and III	____%
Expert Witness Services	____%	Environmental Laboratory Services	____%
Fracking / Natural Gas Consulting	____%	Fracking / Hydraulic Fracking System Design	____%
Geology and Hydrogeology Consulting	____%	Geotechnical Engineering	____%
HVAC / Mechanical / Electrical Design	____%	Industrial Hygiene, Health and Safety Consulting	____%
Injection Well Design & Consulting	____%	Lead / PCB Consulting	____%
Mud / Drilling Fluids Engineering	____%	Mud Logging	____%
Oil Field Consulting	____%	Hydrogen Sulfide Monitoring	____%
Pipeline Inspections & Consulting	____%	Pollution Control / Management Consulting	____%
Remediation Design and Oversight	____%	Sampling – Soil, Groundwater, Air	____%
Software Consulting and Design	____%	Environmental Surveying	____%
Training	____%	UST/Storage Tank Testing & Consulting Services	____%
Water Treatment System Consulting / Design	____%	Waste Management Brokering / Consulting	____%
Wetlands Delineation & Engineering	____%	Environmental Technology Consulting / Design	____%
Residential Tract / Condo / Townhouse	____%	Other: _____	____%

B. Environmental Contracting Services %

Asbestos Abatement	____%	Cathodic Protection Installation / Service	____%
Dredging and Marine Services	____%	Emergency Response	____%
Fracking	____%	Fuel Oil Delivery	____%
Hazardous Material and Waste Cleanup	____%	Industrial Cleaning	____%
Lab packing Drum Handling	____%	Pesticide Application	____%
Landfill Operations / Maintenance	____%	Landfill Liner Installation	____%
Lead Abatement	____%	Mold Abatement / Remediation	____%
Medical Waste Pickup & Transportation	____%	PCB Handling / Removal	____%
Monitoring Well Drilling	____%	Oil Well Drilling	____%
Water Well Drilling	____%	Other Misc. Drilling	____%
Piping Installation / Cleaning	____%	Pipeline Leak Detection	____%
Remediation Action Services	____%	Service Station Construction	____%
Soil Excavation – Contaminated Materials	____%	Soil Excavation – Non-Environmental	____%
Soil, Groundwater Boring	____%	Thermal Treatment	____%
Septic Tank Cleaning	____%	Tank Cleaning and Removal	____%
Tank Installation – UST's	____%	Tank Installation – AST's	____%
Residential Tract / Condo / Townhouse	____%	Other: _____	____%

C. General Contracting Services %

Bridge Construction	____%	Carpentry	____%
Concrete	____%	Construction	____%
Demolition / Dismantling	____%	Electrical	____%
Excavation	____%	Fencing	____%
General Contracting	____%	HVAC	____%
Hydro-blasting	____%	Janitorial / Maintenance	____%
Landscaping	____%	Mining	____%
Painting	____%	Pile Driving	____%
Pipe Installation / Cleaning	____%	Plumbing	____%
Project Management	____%	Restoration Services	____%
Rigging	____%	Roofing or Insulation	____%
Street / Road Paving Services	____%	Tunneling	____%
Other: _____	____%	Other: _____	____%
Other: _____	____%	Other: _____	____%
Other: _____	____%	Other: _____	____%
Other: _____	____%	Other: _____	____%

PART X – Excess Coverage or Transportation Pollution Liability Supplemental ☐ DOES NOT APPLY

1. Coverage would apply to: ☐ Owned Autos ☐ Leased Autos ☐ Non-owned Autos
2. Does insured pull double trailers? ☐ Yes ☐ No
3. Does applicant have a driver's handbook? ☐ Yes ☐ No A written transportation safety program? ☐ Yes ☐ No
   A written vehicle maintenance program? ☐ Yes ☐ No Annually review MVR's and prior to driver hire? ☐ Yes ☐ No
4. What is the minimum age of driver allowed? _____ Maximum? _____
   # of drivers under 25: _____ # of drivers over 65: _____
5. How many of the current drivers have been with the insured less than two years? _____ More than five years? _____
6. On average, what percentage of any given load is comprised of hazardous materials? _____%
7. Please identify and provide a specific description of all hazardous materials/substances transported.
   ☐ Hazardous Waste ☐ Medical Waste ☐ Radioactive Material ☐ Contaminated Soil
   ☐ Flammable Gas ☐ Non-Flammable Gas ☐ Poisons ☐ Liquified Compressed Gas
   ☐ Fracking Waste ☐ Other _____ ☐ Other _____ ☐ Non-Liquified Compressed Gas

Material Description & Shipping Name	Maximum Quantity Carried per Vehicle	Method of Containment or Packaging

8. Schedule of Equipment Operated

COMPLETE THE GRID BELOW							
Type	Owned	Leased w/o Driver	Leased Owner-Ops	Local 0-50	Intermediate 51-200	Long-Haul 200+	Total Units
Personal Passenger Vehicles							
Light Trucks (Commercial)							
Medium Trucks							
Heavy Trucks							
Truck-Tractors							
Semi-Trailers							
Pull Trailers							
Yard Vehicles/Off Road Units							
Service Vehicles							

9. Provide Schedule of Autos

COMPLETE THE GRID BELOW OR ATTACH A LIST CONTAINING THIS INFORMATION							
#	Year	Make	Type	GVW	Vehicle ID Number	Max Radius	Garage Location
1							
2							
3							
4							
5							
6							

10. Attach Driver Information. Include date employed, birth date, license #, license state and number of MVR violations in last 3 years.
11. Has your insurance coverage for this type of risk transfer ever been: Canceled? ☐ Yes ☐ No Declined? ☐ Yes ☐ No
    Non-renewed? ☐ Yes ☐ No

Provide additional details where applicable

PART XI – Products Pollution Supplemental ☐ DOES NOT APPLY

1. Provide a brief description of the product (s) for which coverage is desired as well as associated uses.

2. The Named Insured is engaged in the following: ☐ Product Design ☐ Product Manufacturing ☐ Product Distribution ☐ Product Sales

Distribution & Sales ☐ DOES NOT APPLY

3. Do you sell any finished products on a retail basis? ☐ Yes ☐ No
4. Do you handle or sell any products manufactured overseas? ☐ Yes ☐ No
5. Do you actively handle or sell any products that have been discontinued? ☐ Yes ☐ No
6. Do you offer an additional warranty to the manufacturer's warranty? ☐ Yes ☐ No
7. Has your organization been served with any product claims or suggested recalls? ☐ Yes ☐ No
8. Does each unit you handle or sell contain a distinct product/ batch identifier code? ☐ Yes ☐ No
9. Do you also assemble/install/ or service any products you handle or sell? ☐ Yes ☐ No
10. Do you ever repackage / re-label any merchandise you do not manufacture, as it was your own? ☐ Yes ☐ No
11. Do you always require your manufacturer s to show evidence of insurance coverage? ☐ Yes ☐ No

Design ☐ DOES NOT APPLY

12. Have any products been newly designed or old products re-engineered &distributed in the last 24 months? ☐ Yes ☐ No
    If yes, please describe product and designed consumer use.
13. Are any new products being designed or going to be designed over the next 12 months? ☐ Yes ☐ No
    If Yes, please describe product, describe practical use and describe the timing of marketplace distribution.
14. Are any products currently distributed or planned to be distributed outside of the United States? ☐ Yes ☐ No
    If Yes, describe geographical distribution plans.
15. Are your products designed, tested, labeled to meet or exceed all applicable industry standards? ☐ Yes ☐ No
16. Are written quality control and testing procedures followed? ☐ Yes ☐ No
17. Have any previously designed products been recalled or prior products discontinued? ☐ Yes ☐ No
    If Yes Describe:
18. Does the applicant ever require for warnings to be attached to the products they design? ☐ Yes ☐ No
    If Yes, describe the products and circumstances involved that require such warnings:
19. Do you require mandatory R&D prior to engaging in the design of any product? ☐ Yes ☐ No
    If Yes, submit standard operating procedures describing required research and development.
20. Do you manufacture any products you also design? ☐ Yes ☐ No
21. Do you have a written product recall plan in place? ☐ Yes ☐ No

Manufacturing ☐ DOES NOT APPLY

22. Do you distribute your manufactured products on a wholesale only basis? ☐ Yes ☐ No
23. Have any new products been manufactured and distributed to the marketplace in the last 24 months ☐ Yes ☐ No
24. If Yes, please describe product and designed consumer use.
25. Are your products manufactured to meet or exceed all applicable industry standards? ☐ Yes ☐ No
26. Have any new products been manufactured at locations outside of the domestic United States? ☐ Yes ☐ No
27. Have any formerly manufactured products been discontinued? ☐ Yes ☐ No
28. Do you provide intended use and expected life warnings for all products you manufacture? ☐ Yes ☐ No
29. Has your firm been served with any product claims or suggested manufacturer recall? ☐ Yes ☐ No
30. Are product quantities and batch numbers recorded for each of you purchasing clients? ☐ Yes ☐ No
31. Are any component parts used in your manufacturing process purchased from other firms? ☐ Yes ☐ No
    If yes, are any component parts manufactured in countries other than the United States? ☐ Yes ☐ No
    If yes, list all manufacturing countries.
32. Do your purchasing vendors require being named as an additional insured on your insurance? ☐ Yes ☐ No
33. Does your firm have a written product recall plan? ☐ Yes ☐ No
    If yes, when was this plan last updated?

PART XII – Microbial Substances ☐ DOES NOT APPLY

1. Estimated Gross Revenues from microbial related services in this fiscal year $ _____ Prior fiscal year $ _____
2. In which States do you perform this work? _____
3. What percentage of estimated revenue is generated by subcontracting microbial related services to others? _____%
4. Provide detail pertaining to the revenue your firm generates from different types of Mold operations:

	Total Revenue %	Generated By Insured %	Generated By Sub Contractors
Mold remediation	$	%	%
Mold testing/analysis/lab services	$	%	%
Mold Sampling	$	%	%
Remediation Design Consulting	$	%	%
Remediation Contracting	$	%	%
Proj. Mgmt. w/ Supervision	$	%	%
Other:	$	%	%
Total Microbial Related Receipts	**$**	**%**	**%**

5. What Percentage of total operating revenue is attributable to work for insurance companies? _____%
6. Are mold related subcontractors/ sub consultants hired under written contracts? ☐ Yes ☐ No
7. Are sub consultants required to carry Professional Liability Insurance? ☐ Yes ☐ No
8. Who in your firm determines the extent of existing contamination? Name(s): _____
   Provide the resume(s) of the people who this work for you.
9. Do you present clients with remedial alternatives prior to performing mold remediation services? ☐ Yes ☐ No
10. Do you present clients with limitations of each alternative presented? ☐ Yes ☐ No
11. Do you always qualify that conditions causing contamination are corrected before mold/ fungus remediation begins? ☐ Yes ☐ No
12. Do you ever accept responsibility to diagnose, correct, or warranty against moisture problems that contribute to creating mold problems? ☐ Yes ☐ No
13. Do you perform bulk and/or surface sampling prior to and after remediation? ☐ Yes ☐ No
    If yes, submit resume of the person responsible.
14. Are mold samples analyzed by an independent laboratory? ☐ Yes ☐ No
15. Do you perform air quality testing prior to, during and after remediation? ☐ Yes ☐ No
16. Are final clearance criteria always established before mold remediation begins? ☐ Yes ☐ No
17. Has your firm ever failed to achieve final clearance the first times? ☐ Yes ☐ No
    After re-cleaning? ☐ Yes ☐ No
18. Who makes the final decision as to when mold remediation is complete? Provide the resume(s) of the people who do this work for you.
19. Will you perform HVAV duct cleaning? ☐ Yes ☐ No
20. Will you introduce biocides into the HVAC system? ☐ Yes ☐ No

PART XIII – Environmental Impairment Liability (Site Specific) ☐ DOES NOT APPLY

1. Locations: Number of Owned/Operated Locations: _____
   Number of Locations Requiring Insurance: _____
2. List of Properties to be Covered by This Insurance: Provide Location #, Address, City, State, Zip Code
   ☐ Current Policy Site Schedule or Location Spreadsheet Attached
   ☐ Information Not Available
3. Prior Claims, Events, Circumstances: For all locations, list all environmental events, circumstances of claims for losses paid or incurred over the past three years. ☐ No Losses at Any Location ☐ Losses Runs Attached
4. Will any location be sold or transfer to a different operator within the next 12 months? ☐ Yes ☐ No
5. Will any location be investigated for contamination within the next 12 months? ☐ Yes ☐ No
6. Do you have any knowledge of events or circumstances that may cause any covered location to be the subject of any remedial activity within the next 12 months? ☐ Yes ☐ No

EIL Coverage is Location Specific.

Copy and **Complete** this page – one for **EACH** location requesting EIL coverage.

Location Number: _____ Date Acquired: _____

Address of Covered Location: _____

Location Control: ☐ Owned/Occupied ☐ Owned/Rented to Others ☐ Operating Only

Location Operations:

☐ Petroleum Marketer ☐ Bulk Plant ☐ Municipality ☐ Golf Course
☐ Marina ☐ Auto Dealer / Repair ☐ Car Wash ☐ Commercial Property
☐ College/University / School Dist ☐ Warehouse / Storage ☐ Hospital / Healthcare ☐ Manufacturer
☐ Other Description of Operations: _____

Site Conditions

1. Prior Use of Site: _____
2. Describe Planed Improvements/Upgrades and Timing: _____
3. Is there any known contamination at this location? ☐ Yes ☐ No If yes, what is the current status?
   ☐ Closed ☐ Under Investigation
   ☐ Under Remediation ☐ Other
4. Please provide copies of most recent environmental reports on any investigation, remediation, and monitoring activities at the location.
5. Is this location subject to any Closure/Post Closure requirements per any Federal/State/Local regulations? ☐ Yes ☐ No.
   If yes, provide Closure/Post Closure Plans and evidence of financial responsibility.
6. Are you aware of any facts, circumstances, events or situations that could result in a claim being made against you for the release or threatened release of any pollutant from this locations? If yes, provide details. ☐ Yes ☐ No

Storage Tanks

☐ No, Aboveground or Underground Storage Tanks DO NOT exist at this location (Skip to Next Section)
☐ Yes, tank Coverage is desired (Complete Questions Below)

If Yes, provide details. All tanks existing at this location must be scheduled including number of tanks, year each installed or relined, tank capacity, tank construction, tank contents. Provide for each tank.

☐ Location Schedule from Prior Policy is attached
☐ Tank details spreadsheet is attached

1. Do any short term plans exist to upgrade, investigate, close, remove, abandon or replace any tanks at this location within the next 12 months? If yes, attach details applicable to each qualifying tank. ☐ Yes ☐ No
2. Are any inactive, closed in-place, or out-of-service tanks? ☐ Yes ☐ No
   If Yes: (a) Has the tank been removed? ☐ Yes ☐ No
   (b) Has the tank been filled with sand or other inert material? ☐ Yes ☐ No
   (c) Have state/local regulatory authorities provided closure documents? ☐ Yes ☐ No
3. Method of Leak Monitoring: (check all that apply) ☐ Automatic Gauging ☐ Statistical Analysis ☐ Annual Testing ☐ Shell Thickness Testing ☐ None
4. Are all tanks in compliance with Federal/State/Local regulations for construction, leak detection, overflow protection and corrosion protection? ☐ Yes ☐ No
5. During the past five (5) years, have there been any reportable spills or releases of any hazardous waste, petroleum products, regulated substance, or any other pollutant from any tank at this location? If yes, attach details. ☐ Yes ☐ No
6. Do any inactive or out-of-service aboveground storage tanks exist at this location? ☐ Yes ☐ No
7. Do any short term plans exist to upgrade, investigate, close, remove, abandon or replace any tanks at this location within the next 12 months? If yes, attach details applicable to each qualifying tank. ☐ Yes ☐ No

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.
- ☐ Current policy declarations and list of endorsements.
- ☐ Company Brochures if no website exists.
- ☐ Resumes, Licenses, Certificates for Owners/ Principals / Senior Ranking Employees.
- ☐ Financials past three years.
- ☐ Loss Runs last five years per coverage being applied for in this application.
- ☐ Sample standard contact(s) and certificates of insurance used with clients and subcontractors.
- ☐ List of proposed Named Insureds / Additional Insureds and relationship interests to these entities.
- ☐ Information on pending corporate acquisitions.
- ☐ Information on past mergers, acquisitions, divestitures or corporate name changes within the past three years.
- ☐ Written quality control, health and safety, and confined space protocol, if applicable.
- ☐ If Excess coverage (Including Excess Auto and Employer's Liability) is desired, provide a copy of the underlying terms and conditions and Auto loss runs (three years).

Products Pollution Supplemental Information Required (if applicable):

- ☐ Loss Runs for the last five years of currently valued Products Pollution loss claims.
- ☐ Prior Policy Form & Declarations for policy expiring with Products pollution coverage.
- ☐ Product specific hold harmless agreements required by Insured to be executed by clients and vendors.
- ☐ Product warranty provisions provided to clients and vendors.
- ☐ Product Brochure(s), labels instructions, and advertising materials.
- ☐ Quality Control Procedure and Product Recall Plan.
- ☐ Products Liability Loss Control Surveys or Recommendations.

Environmental Impairment Liability Supplemental Information Required (if applicable):

- ☐ Tank Integrity - Passing tank and line tests on each tank for which insurance is requested.
- ☐ SPCC Plan and Emergency Response Plan.
- ☐ Compliance inspection checklist – by State where applicable.
- ☐ Insurance Declarations - copy of expiring declarations and endorsement list when available.
- ☐ Loss Runs - past three years and details of prior claims.
- ☐ Plans for sale of current locations, and/or plans for removal of existing tanks.
- ☐ Copies of all prior environmental reports (e.g., Phase I, Phase II, etc.).
- ☐ **Notice of any prior complaint, suit, violations regarding any pollution condition at any owned or operated location.**

Microbial Substances Supplemental Information Required (if applicable):

- ☐ Provide Mold/Fungus Remediation – Standard operating Procedures.
- ☐ Provide the standard contract or engagement letter used for mold projects.
- ☐ Provide the standard contract used with constantans, laboratories or subcontracts/ sub consultants.
- ☐ SOQ, licenses and/or training certifications for all personnel performing and/or supervising remediation operations.
- ☐ Resumes of the person or people who determine the extent of any mold contamination that exists.
- ☐ Resumes of the person or people who determine when mold remediation is complete.

So we can help you fulfill your commitments to your client, please let us know the date by which you will need to receive our quote.

Date Quote Needed By: _____

E-MAIL COMPLETE SUBMISSIONS TO:

Submissions@virtuerisk.com

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: