



VIRTUE PACK

VIRTUE RISK PARTNERS

www.virtuerisk.com

SERVICE BUSINESS PACKAGE LIABILITY APPLICATION PROJECT SPECIFIC COVERAGE 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.

Applicant Information:

Applicant Entity Name: _____

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

Corporate Mailing Address: _____

1. What is your current Virtue Pack Policy Number? _____
2. What is the name of your project for which you are seeking additional coverage? _____
3. Address where project will be performed: _____
4. Describe the Services you will be performing _____
5. What percentage of total operating revenues from this project involve new residential construction? _____%
6. What percentage of total operating revenues from this project involve new Tract, Condo, Townhome, Duplex, Triplex or Patio Home developments? _____%
7. Gross Income from Project \$ _____
8. Project Duration From: _____ To: _____

Coverage Requested (check all that apply)

Effective Date: _____

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

Limits Desired: \$ _____ Select One: Dedicated Limit
 Erodable Limit

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

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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: