

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 LIABILITY 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.

<input type="checkbox"/> Hazardous Waste	<input type="checkbox"/> Medical Waste	<input type="checkbox"/> Radioactive Material	<input type="checkbox"/> Contaminated Soil
<input type="checkbox"/> Flammable Gas	<input type="checkbox"/> Non-Flammable Gas	<input type="checkbox"/> Poisons	<input type="checkbox"/> Liquefied Compressed Gas
<input type="checkbox"/> Fracking Waste	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Non-Liquefied Compressed Gas

<u>Material Description & Shipping Name</u>	<u>Maximum Quantity Carried per Vehicle</u>	<u>Method of Containment or Packaging</u>

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

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

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

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

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

PART XIII – Environmental Impairment Liability (Site Specific)

DOES NOT APPLY

- Locations: Number of Owned/Operated Locations: _____
Number of Locations Requiring Insurance: _____
- 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
- 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
- Will any location be sold or transfer to a different operator within the next 12 months? Yes No
- Will any location be investigated for contamination within the next 12 months? Yes No
- 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
- Marina
- College/University / School Dist
- Other Description of Operations: _____
- Bulk Plant
- Auto Dealer / Repair
- Warehouse / Storage
- Municipality
- Car Wash
- Hospital / Healthcare
- Golf Course
- Commercial Property
- Manufacturer

Site Conditions

1. Prior Use of Site: _____
2. Describe Planned 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: Automatic Gauging Statistical Analysis Annual Testing
(check all that apply) 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 or Broker:

License Number:

Signature of Insurance Agent or Broker:

Date: