



**Supplemental Application for Contractors Professional Liability Coverage and/or Contractors Pollution Incident Liability Coverage**

Principal Firm Name:	Policy Term:
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***The information provided herein is considered material to our underwriting and pricing decision for the policy or additional coverage under consideration at the time this supplemental application is submitted.***

**KNOWLEDGE OF CLAIMS OR INCIDENTS**

<b>1.</b>	Have any claims been made or legal action been brought in the past ten years (or made earlier and still pending) against your firm, its predecessor(s) or any past or present principal, partner, officer, director, shareholder or employee? <i>If yes, provide the following information for each claim on a separate sheet:</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>A.</b>	Date of claim	<b>E.</b>	Insurance company reserve, if any
<b>B.</b>	Claimant or Plaintiff	<b>F.</b>	Defense attorney's or insurance company's evaluation of exposure/potential liability
<b>C.</b>	Allegations	<b>G.</b>	Defense and Indemnity Paid to Date and Status (open/closed)
<b>D.</b>	Demand or amount of claims	<b>H.</b>	Deductible applicable
<b>2.</b>	After complete investigation and inquiry, do any of the principals, partners, officers, directors, members, shareholders, employees, or insurance managers have knowledge of any act, error, omission, fact, incident, situation, unresolved job dispute (including owner-contractor disputes), accident, or any other circumstance that is or could be the basis for a claim under the proposed insurance policy? <i>If yes, on a separate sheet please give details of this situation, including name of project and claimant, dates, nature of situation and amount of damages.</i>		<input type="checkbox"/> Y <input type="checkbox"/> N
<b>3.</b>	Please indicate the coverage request being made in conjunction with this supplemental application: <input type="checkbox"/> New Policy Effective: _____ <input type="checkbox"/> Renewal Policy Effective: _____ <input type="checkbox"/> Full Prior Acts Coverage <input type="checkbox"/> Limited Prior Acts – acts performed on or after: _____ <input type="checkbox"/> Increased Limits – from _____ to _____ Reason for increase: _____ <input type="checkbox"/> Deductible Change – from _____ to _____ Reason for change: _____ <input type="checkbox"/> Reinstatement of Lapsed Coverage - date coverage lapsed: _____ Reason for lapse: _____ <input type="checkbox"/> Other – Describe: _____		

**Report knowledge of all such incidents to your current carrier prior to your current policy expiration.**

If this supplemental application is submitted in conjunction with an application for a **new policy** the policy of insurance being applied for will not respond to incidents about which you had knowledge prior to the effective date of the policy or the date this supplemental application was signed, whichever is later, nor will coverage apply to any claim or incident identified or that should have been identified in Questions 1 and 2 of this supplemental application.

If this supplemental application is submitted in conjunction with a **request to renew a policy or reinstate a policy that has lapsed**, the renewed or reinstated policy of insurance will not respond to incidents about which you had knowledge prior to the effective date of the renewed or reinstated policy or the date this supplemental application was signed, whichever is later. No coverage will apply, under the renewed or reinstated policy, to any claim or incident identified or that should have been identified in Questions 1 and 2 of this supplemental application, if coverage would not apply but for the renewed or reinstated coverage provided on the basis of representations made in this supplemental application.

If this supplemental application is submitted in conjunction with **additional or expanded coverage**, the additional or expanded coverage being applied for will not respond to incidents about which you had knowledge prior to the effective date of the additional or expanded coverage or the date this supplemental application was signed, whichever is later, nor will the additional or expanded coverage apply to any claim or incident identified or that should have been identified in Questions 1 and 2 of this supplemental application.

**FRAUD NOTICE – Where Applicable Under The Law of Your State**

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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to civil fines and criminal penalties For Florida Residents only: 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.) (For Maine residents only: 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.) (for New York residents only: and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.) (For Tennessee and Washington residents only: Penalties include imprisonment, fines and denial of insurance benefits.) (For Vermont residents only: 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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may be subject to civil fines and criminal penalties.)

**REPRESENTATION:**

Applicant represents on its behalf and on behalf of each and every partner, officer, director, member, stockholder, employee and manager that the person completing this application has the authority to do so on behalf of the applicant, and that after full investigation and inquiry, the information contained herein and in any supplemental applications or forms required hereby is true, accurate and complete and that no material facts have been suppressed or misstated. Further, it is understood and agreed that the completion of this application does not bind the insurance company to sell nor the applicant to purchase the insurance.

Applicant further acknowledges on its behalf and on behalf of each and every partner, officer, director, member, stockholder, employee or insurance manager:

1. A continuing obligation to report to the Company immediately any material changes in all such information after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes;
2. If a policy is issued, the Company will have relied upon as representations: the application and any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part hereof. This application will be the basis of the contract and will be incorporated by reference into and made part of such policy.

Name of Principal, Partner, or Officer: (Please Type or Print)	Mr. <input type="checkbox"/>
	Mrs. <input type="checkbox"/>
	Ms. <input type="checkbox"/>
Title:	
Signature: (Principal, Partner or Officer)	
Date:	
<b>NOTE: This supplemental application must be reviewed, signed and dated within a month of submission by a principal, partner or officer of the applicant firm.</b>	



Victor Insurance Managers LLC

Victor Insurance Services LLC in MN | DBA in CA and NY: Victor Insurance Services | CA Ins. Lic. # 0156109

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