



**James River Insurance Company and its Subsidiaries**

6641 West Broad Street, Suite 300  
Richmond, VA 23230

**List of Largest Projects Application**

**PROFESSIONAL LIABILITY Division**

Email to [PL@jamesriverins.com](mailto:PL@jamesriverins.com) or,  
Fax to 804-420-1054

**APPLICANT'S INSTRUCTIONS:**

1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.
2. Application must be signed and dated by the owner, partner, or officer not earlier than 45 days before the proposed effective date of coverage.
3. Please read the statements at the end of this application carefully. Thank you!

1. Name of project: \_\_\_\_\_

2. Client's name: \_\_\_\_\_

3. Location: \_\_\_\_\_

4. Description of project: \_\_\_\_\_

5. Services provided by your firm: \_\_\_\_\_

6. Your total GROSS RECEIPTS from this project: \_\_\_\_\_

7. Construction value of project: \_\_\_\_\_

8. Year completed: \_\_\_\_\_

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