



<input type="checkbox"/> New Application	<input type="checkbox"/> Renewal Application
Renewal policy number:	

ARCHITECTS & ENGINEERS SMALL FIRM APPLICATION

First, determine if the Small Firm application is right for you.

Please answer these questions.

- | | | |
|--|------------------------------|-----------------------------|
| 1. A principal of our firm is a licensed architect or engineer. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Our firm is in private practice. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Our firm's total billings were under \$500,000 in our last fiscal year. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Our firm had fewer than two claims in the past five years.
*If yes, the total amount paid or reserved by the carrier was less than \$15,000. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Our firm had fewer than four claims in the past ten years.
*If yes, the total amount paid or reserved by the carrier was less than \$30,000. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Our firm employs 12 or fewer people (part-time or full-time). | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Our firm is willing to use some form of written agreement on all projects. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Our firm or any member of the firm has never had a professional liability policy cancelled (except for nonpayment of premium) or been non-renewed by any insurance company. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Our firm is NOT a soils, process, chemical, nuclear, marine or mining engineering firm; a product design firm; a home inspection firm; an asbestos abatement contractor; or a machinery/equipment design firm. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Less than 10% of our firm's billings (either this year or next) are derived from pollution cleanup, remediation or containment, underground storage tanks, air emission controls, landfills, superfund sites, environmental permitting or industrial piping or processes.
*If ANY of your firm's services are rendered in these areas (either this year or next), please indicate project type(s) _____ and the percentage of your firm's billings for each service _____%. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Less than 20% of our firm's billings are derived from Design/Build projects where we, or a related entity, accept responsibility for actual construction by in-house personnel or subcontractors.
*If ANY (either this year or next), please indicate the percentage _____%. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Less than 10% of our firm's billings are derived from asbestos related services or condominium projects.
*If ANY (either this year or next), please indicate the percentage asbestos _____% condos _____%. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Do you specify Exterior Insulation and Finishing Systems (EIFS) on your projects?
*If ANY please indicate the approximate percentage of projects in the past year _____% | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If your responses to all the statements are "Yes", continue through the application. If you answered "No" to any question above (except for question 13), ask your insurance broker for our regular application.

Now, tell us about your firm:

1. a. Firm Name(s): _____
As it should appear on the policy. If applicable, include direct predecessor firms. Attach another sheet if necessary.
 b. Firm Address(es): _____
 _____ City _____ County _____ State _____ Zip _____
 c. Tax ID# _____ d. e-mail address: _____
2. Description of our practice: _____
3. Gross billings for past three (3) fiscal years: _____ / _____ / _____
Dates: (Most recent completed) (_____) (_____) (_____)
Include consultants fees you pass on to others, uncollected fees and reimbursable expenses.
4. Please indicate the approximate percentage of the most recent gross billings in Item 3, if any, derived from the following categories: Feasibility Studies, Reports, Opinions _____% Non-structural Interior Designs _____% Master Plans _____% Landscape Architecture _____% Land Surveying _____% Direct Reimbursables _____%.
5. Please indicate the billings reported for the most recent fiscal year for projects insured under:
 Project Policies: _____ Specific Additional Limit of Liability Endorsement: _____
6. Estimated gross billings for upcoming fiscal year: _____



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7. Members of our firm belong to:

- AIA
- NSPE/PEPP
- ACEC
- ASCE
- ASME
- Other

8. We have circled the service type and project code(s), including the approximate percentage of each, that best describe the majority of our practice. **If available, attach a brochure to help us understand your practice.**

Service Code—circle only one		Project Codes	
01 Architecture ____%	02 Civil Engineering ____%	A Commercial Buildings ____%	B Education ____%
03 Construction Management ____%	04 Electrical Engineering ____%	C Healthcare ____%	D Residential ____%
05 Full Service A/E Firm ____%	06 HVAC Engineering ____%	E Industrial ____%	F Manufacturing ____%
07 Mechanical Engineering ____%	08 Sanitary Engineering ____%	G Religious ____%	H Roads/Transportation ____%
09 Structural Engineering ____%	10 Transportation Engineering ____%	I Sewage/Water ____%	J Other - Public Sector ____%
11 Other (Please describe) ____%	12 Surveying ____%	K Other - Private Sector ____%	(Please Describe J or K) ____

9. We have _____ total staff. They are categorized as follows:

	Licensed Architects	Licensed Engineers	Technical Staff	Administrative Staff
(Show part time staff as "1/2")				
Principals, Partners or Officers:				
Employees:				

For NEW APPLICANTS:

1. How did you hear about our Program?

- | | | | | |
|--|--|---|--|--|
| Associations:
<input type="checkbox"/> AIA Trust
<input type="checkbox"/> AIA Nt'I
<input type="checkbox"/> NSPE/PEPP
<input type="checkbox"/> ACEC Nt'I | Conventions:
<input type="checkbox"/> AIA Nt'I
<input type="checkbox"/> NSPE/PEPP
<input type="checkbox"/> ACEC
<input type="checkbox"/> State
<input type="checkbox"/> Other | Publications:
<input type="checkbox"/> AIArchitect
<input type="checkbox"/> Architecture Magazine
<input type="checkbox"/> Architectural Record
<input type="checkbox"/> Civil Eng.
<input type="checkbox"/> ENR
<input type="checkbox"/> Eng. Times
<input type="checkbox"/> Am. Consul. Eng. | <input type="checkbox"/> State Publication
<input type="checkbox"/> Broker
<input type="checkbox"/> Direct Mail
<input type="checkbox"/> TeleMarketing
<input type="checkbox"/> CD Rom
<input type="checkbox"/> Personal Referral
<input type="checkbox"/> Other | Websites:
<input type="checkbox"/> AIA Trust
<input type="checkbox"/> AIA
<input type="checkbox"/> NSPE
<input type="checkbox"/> CNA
<input type="checkbox"/> Schinnerer
<input type="checkbox"/> Planet AEC |
|--|--|---|--|--|

2. Our firm was established in _____.

3. We have had a claim made against us in the past ten years: Yes No

4. We currently carry Professional Liability coverage: Yes No

5. Our insurance company is: _____

6. Our current policy expires on: _____

7. We have continuously carried coverage for: 1 2+ years.

8. We have a policy endorsement giving full prior acts coverage: Yes No

9. Retroactive coverage date in current policy: _____

If you have had a claim (or incident with a payment by the insurance company) please give a brief description of the claim including your services, the claimant's name, the amounts paid to defend and indemnify you (or the company reserve on an open claim), the date the claim was made, the date it settled, and any other useful information. If the company's claim is not settled, we need an analysis of liability by the attorney appointed by your insurance company

Please provide full details if any of the principals, partners, officers, directors, shareholders or employees have knowledge of any circumstance that is or could be the basis for a claim under the proposed insurance policy.

PREMIUM QUOTATION

To obtain your premium quotation, either you or your broker may call 1-888-867-9327 between 9:00 a.m. and 5:00 p.m. EST, Monday through Friday.



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Payment Plans

We have five payment options:

- Three-year premium paid in full at inception of policy (5% discount).
- Three equal annual payments.
- If the **Annual** premium is **\$5000** or more: 40% deposit at year start, 30% after 90 days, and 30% after 180 days.
- My broker is arranging financing.
- If you are currently insured with CNA **and currently** making quarterly payments, you may continue the quarterly payment method.

WARNING—New York Residents

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 a civil penalty not to exceed \$5,000.00 and the stated value of the claim for each such violation.

FRAUD PREVENTION—Ohio WARNING

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.

FRAUD PREVENTION—Florida WARNING

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 in the third degree.

FRAUD PREVENTION—Colorado WARNING

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

I/we hereby declare that the above statements and particulars are true to the best of my/our knowledge and that I/we have not suppressed or misstated any material facts and I/we agree that this application shall be the basis of the contract with the insurance company.

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.

Sign and date this form—then forward this application and check to your broker.

Principal (please print): _____

Title: _____ Date: _____

Signature of Principal: _____

Broker Information

(This must be completed by the broker for the application to be processed)

Insurance agent/broker name: _____

Firm Name: _____

Broker's Address: _____

Phone: _____ E-mail: _____ Fax: _____

Agent/Broker: Please indicate at least one of the applicable license numbers below.

CNA License #	Broker's License #	Agent's State License #	Nonresident's License #
State: Exp Date:	State: Exp Date:	Company: Exp Date:	State: Exp Date:



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Important Reminders

1. Is the application complete? Does it accurately explain your firms practice?
If not, add a page and tell us more.
2. Has a firm principal signed and dated the application?
3. Mail the application to your local broker or agent to complete the **BROKER INFORMATION SECTION, INCLUDING THE LICENSE NUMBER.**
We are unable to process a submission without this information.

4. Have your broker or agent mail the application to:

Via U.S. Mail

Via Express Mail

NOTE:

The insurance coverage for which you are applying is written on a CLAIMS-MADE policy. Only claims which are first made against you during the policy period are covered, subject to policy provisions. "Claim" means the receipt of a demand for money or services, naming "you" and alleging a "wrongful act."

The limits of liability stated in the policy are reduced by the cost of defense. If you have any questions about the coverage, please discuss them with your insurance agent.