



<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 <input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Our firm employs 12 or fewer people (part-time or full-time).	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Our firm is willing to use some form of written agreement on all projects.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	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
8.	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
9.	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
10.	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
11.	Less than 10% of our firm's billings are derived from asbestos related services. *If ANY (either this year or next), please indicate the percentage ____%.	<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, 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
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- c. Tax ID# _____
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 separate Project Policies:
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) 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/Surveying	A Commercial Buildings	B Education
03 Construction Management	04 Electrical Engineering	C Healthcare	D Housing
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) _____		K Other - Private Sector	(Please Describe K or J)

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

(Show part time staff as "1/2")	Licensed Architects	Licensed Engineers	Technical Staff	Administrative Staff
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 NI'
<input type="checkbox"/> NSPE/PEPP
<input type="checkbox"/> ACEC NI' | Conventions:
<input type="checkbox"/> AIA NI'
<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 19____.
3. We have had a claim made against us in the past five 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 claimants 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.



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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 any 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: _____ 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 :	State:	Company:	