

Now, tell us about your firm:

1. Principal Firm Name:
If applicable, list names of direct predecessor firms below or attach a separate sheet if necessary.

A. Address:

B. City: County: State: Zip: Phone: Fax:

C. Tax ID#: Contact Name:

D. Website URL: Contact E-mail:

2. Description of your practice. Please attach a brochure if available.

3. Gross billings for the past three (3) fiscal years: \$ \$ \$
Dates: (Most recently completed first) () () ()

Include consultant 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:
 Direct Reimbursables by contract, which includes travel, per diem, billings for reproduction, etc., and **does not include billings paid to sub-consultants.** %

Feasibility Studies, Reports, Opinions: %

Landscape Architecture: %

Land Surveying: %

Master Plans: %

Non-structural Interior Designs: %

5. Please indicate the billings reported for the most recent fiscal year for projects insured under:
 Project Policies: \$ Supplemental Additional Limit of Liability Endorsement: \$

6. Estimated gross billings for the upcoming fiscal year: \$

7. Members of our firm belong to:
 AIA ACEC ASCE ASME NSPE/PEPP Other:

8. Circle the service type and project type(s). Indicate the approximate percentage of each that best describes your practice.

Service Type		Project Type	
Architecture %	Civil Engineering %	Commercial Buildings %	Education %
Construction Management %	Electrical Engineering %	Healthcare %	Residential %
Full Service A/E Firm %	HVAC Engineering %	Industrial %	Manufacturing %
Mechanical Engineering %	Sanitary Engineering %	Religious %	Roads/Transportation %
Structural Engineering %	Transportation Engineering %	Sewage/Water %	Other – Public Sector %
Other (please describe): %	Surveying %	Other – Private Sector %	Please describe if Other:

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:				
Staff:				

10.	Do you specify Exterior Insulation and Finishing Systems (EIFS) on your projects? If any (either this year or next), please indicate the percentage of projects in the last year:	<input type="checkbox"/> Y <input type="checkbox"/> N
		%
11.	Were more than 50% of your total gross billings derived from a single client or contract? If yes, specify client, project(s), contract form(s), describe services rendered and how long you expect this relationship to continue:	<input type="checkbox"/> Y <input type="checkbox"/> N
12.	Approximately what percentage of your total gross billings is derived from repeat clients?	%
13.	Does your firm, any subsidiary, parent or other organization related to your firm, or any principal, partner, officer, director or employee have a percentage ownership interest, management, or control of a company engaged in:	
A.	Development, sale, or lease of computer software to others	<input type="checkbox"/> Y <input type="checkbox"/> N
B.	Actual construction, installation, fabrication or erection	<input type="checkbox"/> Y <input type="checkbox"/> N
C.	Real Estate development	<input type="checkbox"/> Y <input type="checkbox"/> N
D.	Manufacture, sale, leasing or distribution of any product, process or patented production process	<input type="checkbox"/> Y <input type="checkbox"/> N
14.	Is your firm controlled, owned by, or associated with, or does your firm control or own any other entity?	<input type="checkbox"/> Y <input type="checkbox"/> N
If answers to questions 13 A-D are yes, please provide details on a separate sheet.		
For New Applicants:		
1.	How did you hear about our program?	
	Associations	Conventions
	<input type="checkbox"/> AIA Trust	<input type="checkbox"/> AIA National
	<input type="checkbox"/> AIA National	<input type="checkbox"/> NSPE/PEPP
	<input type="checkbox"/> NSPE/PEPP	<input type="checkbox"/> ACEC
	<input type="checkbox"/> ACEC National	<input type="checkbox"/> State
	<input type="checkbox"/> Other (please specify):	
	Publications	Websites
	<input type="checkbox"/> AIArchitect	<input type="checkbox"/> AIA Trust
	<input type="checkbox"/> Architecture Magazine	<input type="checkbox"/> AIA
	<input type="checkbox"/> Architectural Record	<input type="checkbox"/> NSPE
	<input type="checkbox"/> Civil Engineering	<input type="checkbox"/> CNA
	<input type="checkbox"/> ENR	<input type="checkbox"/> Schinnerer
	<input type="checkbox"/> Engineering Times	<input type="checkbox"/> Planet AEC
	<input type="checkbox"/> Am. Consul. Eng.	<input type="checkbox"/> Other (please specify):
		<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 (please specify):
2.	Our firm was established on (MM/YY):	
3.	We currently carry Professional Liability coverage:	<input type="checkbox"/> Y <input type="checkbox"/> N
4.	Our insurance company is:	
5.	Our current insurance coverage is (Limit/Deductible/Premium):	
6.	Our current policy expires on (MM/DD/YY):	
7.	We have continuously carried coverage for:	<input type="checkbox"/> 1 <input type="checkbox"/> 2+ years
8.	We have a policy or endorsement giving full prior acts coverage.	<input type="checkbox"/> Y <input type="checkbox"/> N
9.	Retroactive coverage date in current policy (MM/DD/YY):	

10. Have any claims been made, or legal action been brought, in the past ten years against your firm, its predecessor(s) or any past or present principal, partner, officer, director, shareholder, or employee? **If yes, provide the following information for each claim on a separate sheet:** Y N

A. Date of claim	F. Defense attorney's or insurance company's evaluation of exposure/potential liability
B. Claimant or plaintiff	G. Defense and indemnity paid to date and status (open/closed)
C. Allegations	H. Deductible applicable
D. Demand or amount of claims	
E. Insurance company reserve, if any	

11. 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? **If yes, provide details on a separate sheet.** Y N

Report knowledge of all such incidents to your current carrier prior to your current policy expiration.
 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 nor will coverage apply to any claim or circumstance identified or that should have been identified in Questions 10 and 11 of this application.

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.

Payment Plans

We have four payment options:

1. Three year premium paid in full at inception of policy (5% discount)
2. Three equal annual payments
3. If the annual premium is \$5,000 or more: 40% deposit at year start; 30% after 90 days; 30% after 180 days
4. Financing arranged by your broker

If you are currently insured with CNA and making quarterly payments, you may continue the quarterly payment method.

Important Reminders

1. Is the application complete? Does it accurately explain your firm's 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. They must 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:

Victor O. Schinnerer and Company, Inc.
 Underwriting Managers and Program Administrators
 Two Wisconsin Circle, Chevy Chase, MD 20815
 (301) 961-9800 Fax: (301) 951-5444

AGENT OR BROKER MUST COMPLETE THE FOLLOWING

Contact Name	Melissa Roberts David Gordon		License Number	Expiration Date
Agency Name	Euclid Insurance Agencies	CNA Agent (Casualty Lines)	see your file	
Address	234 Spring Lake Dr Itasca IL 60143	E&S License	see your file	
Contact Email Address	mroberts@euclidinsurance.com dgordong@euclidinsurance.com	Other Casualty Agent License	see your file	
Phone 630.694.3700	Fax 630.773.4075	Non-Resident License (If Applicable)	not applicable	
		Licensed Broker		

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 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: Mr.
(Please Type or Print) Mrs.
Ms.

Title:

Signature: (Principal, Partner or Officer)

Date:

NOTE: This application must be reviewed, signed and dated within a month of submission by a principal, partner or officer of the applicant firm.



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