VICTOR O. SCHINNERER & COMPANY, INC.

CNA

Application for Architects & Engineers Professional Liability Coverage – Small Firm Program

☐ **New Application**	**Schinnerer Use Only**
☐ **Renewal Application**	**ISN:**
Renewal Policy #:	**Broker #:**

Note: The insurance coverage for which you are applying is written on a CLAIMS-MADE AND REPORTED policy. Only claims which are first made against you and reported to us in writing during the policy period are covered, subject to policy provisions. The Limits of Liability stated in the Policy are reduced by the cost of defense. Legal defense costs also may be applied against your Deductible, if applicable to the Claim. Please consult your policy directly for specific coverage. If you have any questions about the coverage, please discuss them with your insurance agent or broker.

First, determine if the Small Firms application is right for you. Please answer these questions.

1. A principal of our firm is a licensed architect or engineer.	☐ Y ☐ N
2. Our firm is in private practice.	☐ Y ☐ N
3. Our firm's total billings were under $500,000 in our last fiscal year.	☐ Y ☐ N
4.Our firm has had fewer than two claims in the last five years If yes, the total amount paid or reserved by the carrier was less than $15,000	☐ Y ☐ N ☐ Y ☐ N
5. Our firm has 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	☐ Y ☐ N ☐ Y ☐ N
6. Our firm is willing to use some form of written agreement on all projects.	☐ Y ☐ N

7. 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. ☐ Y ☐ N

8. Less than 10% of our firm's billings come from the following services: soils, process, chemical, nuclear, marine, or mining engineering; product design; home inspections; asbestos abatement; or machinery/equipment design. ☐ Y ☐ N
*If ANY of the firm's services are rendered in these areas (either this year or next), please indicate project type(s) and the percentage of the firm's billings for each service:

9. Less than 10% of our firm's billings are derived from pollution cleanup, remediation or containment, underground storage tanks, air emission controls, landfills, superfund sites, environmental permitting or industrial piping or processes. ☐ Y ☐ N
*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:

10. Less than 20% of our firm's billings are derived from construction activities performed by you or for which you hire contractors or any sub consultant or subcontractor to you responsible for construction means, methods, techniques, procedures, or job site safety. ☐ Y ☐ N
*If ANY of the firm's services are rendered in these areas (either this year or next), please indicate project type(s) and the percentage of the firm's billings for each service.

If your response to *all* the statements is "Yes", continue through the application. If you answered "No" to any question, please ask your insurance broker for our Premier application, which may be downloaded from our website at www.Schinnerer.com

Now, tell us about your firm:

Principal Firm Name:	
Contact Name:	Email:
Address:	
City:	State:
Zip:	County:
Phone:	Fax:
Website URL:	
Year Firm Established:	

11. Indicate the numbers of licensed professionals in each category:

	Architects	Engineers	Land Surveyors	Landscape Architects	All Others	Total
Principals, Partners, Officers & Directors:						
Staff:						
Total Licensed:						

12. What percentage of the professional staff of your firm belong to:

☐ **AIA**	%	☐**ACEC**	%	☐**ASCE**	%
☐**ASME**	%	☐**NSPE/PEPP**	%	☐**Other:**	%

SERVICES

13. As a percentage of your fim's billings, please indicate which of the following services your firm performed during the past fiscal year: **(Must equal 100%)**

Architecture	%	Forensic Engineering	%	Mechanical Engineering	%
Civil Engineering	%	HVAC Engineering	%	Structural Engineering	%
Construction Management	%	Interior Design	%	Transportation Engineering	%
Electrical Engineering	%	Landscape Architecture	%	Other:	%
Environmental Permitting	%	Land Surveying	%	If Other, please provide a written description of services.	

14. ACCOUNTING YEAR DATA

Date of Reporting Periods: **A.** Please provide your professional service billing information, including billings attributable to consultants, in the questions below. Newly formed firms should use estimated total gross billings for the next 12 months.	Most Recently completed Fiscal Year	Second Most Recently Completed Fiscal Year	Third Most Recently Completed Fiscal Year	Estimated billings for Current Year
	From: To:	From: To:	From: To:	From: To:
Projects currently covered by a project policy (separate from your practice policy). Please provide the project name, location, construction values, current status, insurance carrier and limits of liability on a separate sheet.	From: To:	From: To:	From: To:	From: To:
B. Feasibility studies, master plans, reports, and opinions	$	$	$	$
C. Abandoned Projects	$	$	$	$
D. Non-Structural Interior Design	$	$	$	$
E. Landscape Architecture	$	$	$	$
F. Land Surveying	$	$	$	$
G. International Work	$	$	$	$
H. Construction Management or Program Management (as owner's agent or representative)	$	$	$	$
I. Facilities or Operations Management	$	$	$	$
J. All Other Billings	$	$	$	$
K. Direct Reimbursables (travel, per diem, etc.) not to include sub-consultants	$	$	$	$
L. Total Gross Billings (sum of A through K= L)	$	$	$	$
M. Approximate Construction Values	$	$	$	$

PROJECTS

15. A. Please indicate the approximate percentage of your total gross billings in Item 14L derived from each project type. This section should equal 100%.

Airport Facilities(except terminals)	%	Hotels/Motels	%	Petro Chemical	%
Airport Terminals	%	Houses/Single Family Residential	%	Potable Water Systems	%
Amusement Rides	%	Industrial Waste Treatment	%	Real Estate Development	%
Apartments	%	Jail/Justice	%	Recreation/Sports	%
Assisted Living Facilities	%	Landfills/Solid Waste Facilities	%	Roads/Highways	%
Bridges	%	Libraries	%	Schools/Colleges	%
Churches/Religious	%	Manufacturing/Industrial	%	Shopping Centers/Retail/Restaurants	%
Condos/Co-ops	%	Mass Transit	%	Storm Water Systems	%
Dams	%	Multi-family Residential excl. Condos	%	Tunnels	%
Dormitories	%	Nuclear/Atomic	%	Warehouses	%
Environmental Remediation	%	Office Buildings/Banks	%	Water/Sewer Pipelines	%
Harbors/Piers/Ports	%	Parking Structures	%	Water/Wastewater Treatment	%
Hospitals/Health Care	%	Parks/Playgrounds/Pools	%	Utilities (Gas,Electric,Steam)	%
Other (specify)	%	Other (specify)	%	Other (specify)	%

If you attribute more than 10% of your billings from condominium projects, submit a completed supplemental Condominium Questionnaire. It may be downloaded from our website, www.Schinnerer.com

B. Do you specify Exterior Insulation and Finishing Systems (EIFS) on your projects? ☐ Y ☐ N
If any (either this year or next), please indicate the percentage of projects in the last year. %

BUSINESS INFORMATION

16. Were more that 50% of your total gross billings derived from a single client or contract? ☐ Y ☐ N

If yes, specify client, project(s), contract form(s), describe serves rendered and how long you expect this relationship to continue:

17. Approximately what percentage of your total gross billings is derived from repeat clients? %

18. 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 leasing of computer software to others? ☐ Y ☐ N

B. Actual construction, installation, fabrication or erection? ☐ Y ☐ N

C. Real Estate Development? ☐ Y ☐ N

D. Manufacture, sale, lease or distribution of any product, process, or patented production process? ☐ Y ☐ N

19. Is your firm controlled, owned by, or associated with, or does your firm control any other entity? ☐ Y ☐ N

20. Your 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. ☐ Y ☐ N

If any answers to questions 18 or 19 are yes, please provide details on a separate sheet.

RISK MANAGEMENT AND LOSS PREVENTION

21. What percentage of your staff is familiar and charged with implementing your firms written in-house quality management procedures? %

22. What percentage of your firm's projects utilize an automated master specification system? %

23. What percentage of your firm's projects utilize a model-based technology linked to a database of project information such as Building Information Modeling (BIM)? %

24.A. What percentage of your firm's staff have attended, during the last 12 months, a Risk Management Seminar presented by Victor O. Schinnerer & Company, Inc.? %

B. What percentage of eligible staff has completed the Voluntary Education Program (VEP) Level I %
What percentage of eligible staff has completed the VEP Level II %

C. Does your firm have an in-house program of continuing education for professional employees? This would include attendance at AIA/NSPE/PEPP sponsored seminars and similar functions. ☐ Y ☐ N

D. What percentage of your firm's professional employees have had at least six hours of continuing education in the past 12 months? %

25. A. What percentage of your firm's projects use a written contract? (Describe the circumstances when oral agreements were used and how payment was obtained on a separate sheet.) %

B. What percentage of your written contracts contain specified payment terms? %

C. Does your firm have procedures for monitoring and collecting outstanding fees? ☐ Y ☐ N

D. What percentage of your firm's professional services are rendered under AIA or EJCDC standard forms of agreement? %

E. If non-standard contracts or modified AIA or EJCDC contracts or "letter" agreements are used, are they reviewed by your firm's legal counsel for liability implications prior to signing? ☐ Y ☐ N

26. On what percentage of your firm's projects do you engage in a pre-project planning process that results in a project definition document? %

27. On what percentage of your firm's instruments of service or deliverables are internally or externally peer reviewed prior to their delivery? %

28. On what percentage of your firm's projects do you engage in a documented constructability review process during project design? %

29. On projects in which you perform construction contract administration services, what percentage do you maintain a documented submittal or shop drawing log indicating as planned dates, actual dates of receipt and dates of response? %

30. On what percentage of your projects with sub-consultants do you receive both a written agreement and insurance certificates evidencing general liability and professional liability coverages? %

FOR NEW APPLICANTS

31. We currently carry Professional Liability coverage: ☐ Y ☐ N

32. Our insurance company is:

33. Our current insurance coverage is (Limit/Deductible/Premium):

34. Our current policy expires on (MM/DD/YY):

35. We have continuously carried coverage for: years

36. We have a policy or endorsement giving full prior acts coverage. ☐ Y ☐ N

37. Retroactive coverage date in current policy (MM/DD/YY)

38. 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:

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

39. 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 38 and 39 of this application.

How did you hear about our program?

☐ AIA Trust	☐ AIA National	☐ NSPE/PEPP
☐ ACEC	☐ Other (please specify)	

AGENT OR BROKER MUST COMPLETE THE FOLLOWING

Name:

Address:

Phone:	Fax:	Email:

Status	Y	N	License No.	Expo Date	Status	Y	N	License No.	Expo Date
Licensed CNA Agent (Casualty Lines)					Licensed Casualty Agent w/Co. other than CNA				
Licensed Broker					Non-Resident (if Applicable)				

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 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 DC residents only: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by applicant.) (For FL 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 LA residents only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.) (For ME 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 NY 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 PA 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 information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.) (For TN & WA residents only: Penalties include imprisonment, fines and denial of insurance benefits.) (For VT 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. ☐
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.

VICTOR O. SCHINNERER & COMPANY, INC.

Underwriting Managers and Program Administrators

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