

Small Firms On-line Application Companion

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

Architects & Engineers Small Firm Application - Microsoft Internet Explorer provided by Victor O. Schinnerer & Co

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Address: <https://www.schinnerer.com/form/edit.do?classID=AEApplication>

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

1. A principal of our firm is a licensed architect or engineer. * Yes No
2. Our firm is in private practice. * Yes No
3. Our firm's total billings were under \$500,000 in our last fiscal year. * Yes No
4. Our firm had fewer than two claims in the past five years. * Yes No
**If yes, the total amount paid or reserved by the carrier was less than \$15,000.
5. Our firm had fewer than four claims in the past ten years. * Yes No
**If yes, the total amount paid or reserved by the carrier was less than \$30,000.
6. Our firm employs 12 or fewer people (part-time or full-time). * Yes No
7. Our firm is willing to use some form of written agreement on all projects. * Yes 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. * Yes 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. * Yes 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. * Yes No
**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: %.
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. * Yes No
**If ANY (either this year or next), please indicate the percentage %.
12. Less than 10% of our firm's billings are derived from asbestos related services or condominium projects. * Yes No
**If ANY (either this year or next), please indicate the percentages for asbestos % and condos %.
13. Do you specify Exterior Insulation and Finishing Systems (EIFS) on your projects? Yes No
**If ANY please indicate the approximate percentage of projects in the past year %.

Done

start 2007 mailings Alex Littlejohn Bio - ... Architects & Enginee... K&R - Microsoft

Question 1: If a principal of the firm is not a licensed architect or engineer, the firm is not eligible for the Small Firm program. If the firm is providing consulting services related to construction that do not require licensure, such as interior design or forensic consulting, try our Specialty Consultants program.

Question 2: If the firm is owned by another entity, it is not eligible for the CNA/Schinnerer program. We cannot insure one single aspect of a larger company.

Question 3: If the billings exceed \$500,000, the firm should fill out the Premier program application. It is not eligible for the Small Firm program and we will not be able to provide a quote from this application.

Question 4 & 5: If the firm has no claims, then answer 'Yes' to this question. If the firm has claims that have incurred losses above the amounts listed, fill out the Premier application. The firm is not eligible for the Small Firm program and we will not be able to provide a quote from this application.

Section A. First, determine if the Small Firm application is right for you (continued)

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Address <https://www.schinnerer.com/form/edit.do?classID=AEApplication>

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

- A principal of our firm is a licensed architect or engineer. * Yes No
- Our firm is in private practice. * Yes No
- Our firm's total billings were under \$500,000 in our last fiscal year. * Yes No
- 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. Yes No
- 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. Yes No
- Our firm employs 12 or fewer people (part-time or full-time). * Yes No
- Our firm is willing to use some form of written agreement on all projects. * Yes No
- 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. * Yes No
- 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. * Yes No
- 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: %.
- 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 %.
- 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 percentages for asbestos % and condos %.
- Do you specify Exterior Insulation and Finishing Systems (EIFS) on your projects?
**If ANY please indicate the approximate percentage of projects %.

Question 8: Answer 'Yes' only if the firm has never had a policy cancelled or non-renewed for a reason other than non-payment. If the answer is 'No,' please fill out the Premier application and provide

Question 9: If the firm specializes in these disciplines or has significant exposure in any of these areas, it will not be eligible for the CNA/Schinnerer program.

Question 10: If more than 10% of the firm's billings come from environmental services, fill out our Specialty Consultants and Environmental Engineers application.

Question 11: If more than 20% of the firm's billings come from design/build projects, fill out the application for Contractors, Design-Builders, and Construction Managers.

Question 12: If the percentage of condominium projects and/or asbestos related services exceeds 10%, the firm is not eligible for the Small Firm program. Fill out the Premier application and the Supplemental Condominium Application (if applicable). Both applications are required in order to provide a quote.

Section B. Now, tell us about your firm

Question 1: While it is not a required field, the applicant will only receive a copy of the submitted application if the email field is completed.

1. Firm Name(s): *

*As it should appear
If applicable, include direct predecessor firms.
Add an attachment if necessary (see below).*

Firm Address(es): *

City: *

County: *

State: *

Please Select

Zip Code: *

Tax ID: *

Phone Number: *

Fax Number:

Email Address:

Question 3: All three billings fields must be completed using only numbers, commas, and decimal points. Please do not use dollar signs or other symbols. If necessary, enter, 0, for years with no billings. For the dates, please enter only the year.

Question 4: All fields must be entered; enter 0, where necessary.

Have you moved or changed your firm name within the last year? *

 Yes No

2. Description of our practice: *

3. Gross billings for the past 3 fiscal years: *

Dates: (Most recent completed)

Include consultants fees you pass on to others, uncollected fees and

4. Please indicate the approximate percentage of the most recent gross derived from the following categories: *

Feasibility Studies, Reports, Opinions %

Non-structural Inter

Master Plans %

Landscape Archited

Land Surveying %

Direct Reimbursabl

Question 5: Project policies refer to large projects, usually public, that have a policy covering all design professionals providing services on that particular project. If the firm is not a part of such a project, enter, 0. Specific Additional Limit of Liability Endorsement refers to an endorsement added to the firm's policy that increases the available limits for a specific project. If the firm does not have such an endorsement, enter, 0.

5. Please indicate the billings reported for the most recent fiscal year for projects insured under: *

Project Policies:

Specific Additional Limit of Liability Endorsement:

Question 8: If more than one service code applies, provide the percentage for the primary discipline and describe other services in the field provided. The application only allows a percentage to be entered in one field.

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

Service Code - indicate only one

- | | |
|---|--|
| 01 Architecture <input type="text"/> % | 02 Civil Engineering <input type="text"/> % |
| 03 Construction Management <input type="text"/> % | 04 Electrical Engineering <input type="text"/> % |
| 05 Full Service A/E Firm <input type="text"/> % | 06 HVAC Engineering <input type="text"/> % |
| 07 Mechanical Engineering <input type="text"/> % | 08 Sanitary Engineering <input type="text"/> % |
| 09 Structural Engineering <input type="text"/> % | 10 Transportation Engineering <input type="text"/> % |
| 11 Other <input type="text"/> % | 12 Surveying <input type="text"/> % |

**If Other, please describe:

Section C. For NEW APPLICANTS

C. For NEW APPLICANTS

1. How did you hear about our program?

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

Question 2: Please enter the year only.

2. Our firm was established in: *

3. We have had a claim made against us in the past 10 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:

10. After inquiry, do any of the principals, partners, officers, directors, shareholders or employees have knowledge of any error, omission, 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? *

Questions 3 & 10: If the firm has had a claim or knows of an incident, please complete the claim supplement in question 11.

11. If you have had a claim (or incident with a payment by the insurance company) please add a claim supplement to this application. (Add one claim supplement per claim.) If the company's claim is not settled, we need an analysis of liability by the attorney appointed by your insurance company.

Section G. Declarations and Signature and Section H. Current Insurance Information

G. Declarations and Signature

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 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 submit this completed application to Schinnerer for processing.

Date: *
Principal: *
Title: *

Section G: While these fields are required, we will still need a signed and dated copy of this page. At this time, we cannot accept electronic signatures due to legal issues.

H. Current Insurance Information

Please provide the following information on your insurance agent or broker. This section must be completed for the application to be processed.

Insurance Agent/Broker Name:
Insurance Agency Name: *
Insurance Agency Address: *
City: *
State: *
Zip Code: *
Phone: *
Email Address:
Fax:

Section H: Please provide agency information here. If this field is left blank, the broker will not receive a copy of the submitted application upon completion by the client.

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 |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| State: <input type="text"/> | State: <input type="text"/> | Company: <input type="text"/> | State: <input type="text"/> |
| Expires: <input type="text"/> | Expires: <input type="text"/> | Expires: <input type="text"/> | Expires: <input type="text"/> |

Save. The application is saved for future reference. Neither the broker nor Schinnerer will receive a copy. The application is not processed.

Section J. When you're ready, you can...

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Save this application so you can return to it later. No processing is performed by Schinnerer until the application is submitted. Need to return to a saved application? Enter its tracking number in our [tracking window](#).

Forward this application to your broker for completion. Forwarding this application allows you to send this form to your insurance broker for completion. You must provide the email address of the broker (in section H) in order to forward the application successfully. You will receive a tracking number when forwarding the application to another individual. An application that has been forwarded is **not** processed by Schinnerer.

Forward this application to the applicant for completion. Forwarding this application allows you to send this form to the applicant for completion. You must provide the email address of the applicant (in section B) in order to forward the application successfully. You will receive a tracking number when forwarding the application to another individual. An application that has been forwarded is **not** processed by Schinnerer.

Submit this application to Victor O. Schinnerer for processing. On submission, Schinnerer will begin to process this application. Confirmation of this submission will be sent via email to those parties who...

Forward. This sends the application to the broker, but not to Schinnerer. The application is not processed.

Submit. This sends a copy of the application to both Schinnerer and the broker. We will process the application and provide a quote within four business hours.