

CNA ARCHITECTS/ENGINEERS PROFESSIONAL LIABILITY INSURANCE
INCREASED LIMITS / DEDUCTIBLE CHANGE APPLICATION

1. Has any claim or suit that would be covered by this insurance been made against any insured under this policy which has not been previously reported to the Company?

Yes No

If "Yes" give details.

2. Do you, any insured or any predecessor firm insured under this policy have knowledge of any negligent act, error, omission, unresolved job dispute or any circumstance(s) that is or could be a basis for a claim under this policy that has not previously been reported to the Company?

Yes No

If "Yes" give details.

3. What Limit of Liability/Deductible do you wish to purchase?

Limit of Liability _____

Deductible Amount _____

Deductible Type _____

I/we hereby declare that the above statements and particulars are true and that I/we have not suppressed or mis-stated any material facts and I/we agree that this application shall be one basis of the contract with the Company.

It is understood and agreed that the completion of this application does not bind the Company to write the insurance nor the applicant to purchase the insurance.

Broker _____ Name of Firm _____

Address _____ Signature
(Principal/Partner or Officer) _____

_____ Date of Application _____

_____ Policy Number _____

**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.