

APPLICATION FOR RISK MITIGATION CREDIT



Pursuant to Item E of Section V, Limits of Liability/Deductible
CNA Professional Liability and Pollution Liability Insurance Policy, 10/05 Edition

Insured _____ ISN No. _____

Claim Number _____ Claimant _____

Date of CNA Claim Confirmation Notice _____ By _____

Policyholder Instructions: Check each applicable criterion on the Submittal Checklist below and attach compliance documentation clearly keyed to each applicable criterion. Complete the Policyholder Declaration on Page 2 and submit to your CNA claims rep within sixty (60) days of your receipt of CNA's claim confirmation letter. If you do not have the appropriate fax number, call us at 301-907-3001. Documentation must be submitted as part of this Application demonstrating compliance with the Baseline Criterion and three of six Performance Criteria.

Submittal Checklist: To be Completed by Insured		Compliance Checklist: To be Completed by CNA
Baseline Criterion (Written Agreement) Documentation Submitted:		Documentation: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant Comments:
<input type="checkbox"/>	A written agreement executed prior to the performance of the agreed-to services giving rise to the claim.	
Performance Criterion 1 (Payment Terms/Invoicing) Documentation Submitted:		Documentation: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant Comments:
<input type="checkbox"/>	An agreement executed prior to the performance of the agreed-to services giving rise to the claim (per the "baseline" criterion) containing payment terms and a payment schedule, and	
<input type="checkbox"/>	Dated invoices or a spreadsheet reflecting dated invoices, and	
<input type="checkbox"/>	Dated unpaid balance reminders or other documents reflecting the insured's attempt(s) to resolve payment problems, if any.	
Performance Criterion 2 (Interprofessional Agreements/Insurance Certificates) Documentation Submitted:		Documentation: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant Comments:
<input type="checkbox"/>	Interprofessional agreements executed prior to the performance of the agreed-to services giving rise to the claim, and	
<input type="checkbox"/>	Certificate(s) of insurance evidencing PL and GL coverages (or a spreadsheet reflecting all such certificate information) obtained prior to the performance of the agreed-to services giving rise to the claim.	
Performance Criterion 3 (Pre-Project Planning) Documentation Submitted:		Documentation: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant Comments:
<input type="checkbox"/>	Project definition document(s) addressing the applicable parameters ("a" through "c" or "a" through "e"); or	
<input type="checkbox"/>	Agreements annotated to address the applicable project definition parameters; or	
<input type="checkbox"/>	Reports prepared as deliverables addressing the applicable project definition parameters.	

Performance Criterion 4 (Peer/QA Review) Documentation Submitted:		Documentation: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant Comments:
<input type="checkbox"/>	Documents reflecting peer review activities, such as meeting minutes, memoranda, reports, completed checklists, and notations on design documents (at the conceptual/schematic and final design phases), and	
<input type="checkbox"/>	For external peer reviews, a peer review agreement or engagement letter and other documentation evidencing completion of the review.	
Performance Criterion 5 (Constructability Review) Documentation Submitted:		Documentation: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant Comments:
<input type="checkbox"/>	Documents reflecting constructability review activities, such as meeting minutes, memoranda, reports, and notations on design documents, during the pre-construction phase of the project or applicable portion of the project.	
Performance Criterion 6 (Submittal Management) Documentation Submitted:		Documentation: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant Comments:
<input type="checkbox"/>	A contemporaneously documented submittal log or spreadsheet reflecting as-planned and actual receipt and response dates and actions taken.	
Policyholder Declaration		
I/We hereby declare that this Application (including the compliance documentation submitted herewith and incorporated herein) is accurate to the best of my/our knowledge and that if this Application is found satisfactory to CNA, it shall be the basis of any award of the Risk Mitigation Credit described Item E of Section V, Limits of Liability/Deductible, CNA Professional Liability and Pollution Liability Insurance Policy, 10/05 Ed.		
Name of Principal, Partner, or Officer: (Please Type or Print)		
Title:		
Signature (Principal, Partner or Officer):		
Date:		
Email Address:		
Date Application Received: _____ By: _____		
Additional Review Comments:		
Reviewed By: Date:		Approved By: Date:
Advice to Insured – Attn: Date:		Advice to Broker – Attn: Date: