

**ARCHITECTS & ENGINEERS PROFESSIONAL LIABILITY
PRELIMINARY PREMIUM INDICATION WORKSHEET**

Please complete and email to rudyao@circadianbrokers.com or fax it to (866) 356-4429

Call us toll free with any questions at (877) 417-7171

Firm Name: _____ County: _____

Address: _____ City: _____ State: _____ Zip: _____

Current Policy

Expiration date of Current Policy: _____ Current Retro Date: _____

Current limits: _____ Current Deductible: _____ Current Premium: _____

Requested limit of liability: _____ Requested deductible: _____

Number of Employees: _____ Total Licensed Professionals: _____ Total all Others: _____

Professional Fee Income This Year: _____ Last Year: _____

Have you reported any claims or incidents that might lead to claims in the last ten (10) years? Y N

If yes, explain: _____

Are you aware of any claims or circumstances that have not yet been reported to your insurance company?

Y N If yes, explain: _____

Indicate Percentage of this year "Total Gross Billings" derived from the following:

Architecture:	%	Construction Management:	%
Civil Engineering:	%	HVAC:	%
Structural Engineering:	%	Environmental / Soil / Geo:	%
Mechanical Engineering:	%	Interior Design:	%
Electrical Engineering:	%	Design / Build:	%
Acoustical Engineering:	%	Other:	%

OVERALL TOTAL MUST EQUAL 100%

PLEASE NOTE: THIS WORKSHEET IS INTENDED FOR THE PURPOSE OF OBTAINING A PRELIMINARY PREMIUM INDICATION ONLY. ANY PRELIMINARY PREMIUM INDICATION PROVIDED BASED ON THE COMPLETION OF THIS FORM IS NOT BINDING. IT DOES NOT OBLIGATE THE BROKER-AGENT TO BIND COVERAGE AND /OR ISSUE AN INSURANCE POLICY UNTIL YOU HAVE SATISFIED ANY SUBJECTIVITIES OR CONDITIONS OF THE QUOTE LETTER. THE BROKER-AGENT RETAINS THE RIGHT TO DECLINE TO QUOTE BASED UPON RISK ASSESSMENT.