

QUICK INDICATION FORM

QIF Information & Instructions



Thank you for the opportunity to provide a premium indication from CNA. In an effort to save you valuable time, the information below outlines which types of accounts qualify for a quick indication. We may be able to offer terms for accounts that fall outside these parameters, upon receipt of a completed full application. Please contact your Regional Underwriter to discuss further. (Go to www.cnapro.com, click on the Contact/Submission Information tab, then click on a region under **Private Companies**).

Applicants **must** have the following characteristics to qualify for Quick Indication rating:

- Privately owned company or LLC
- At least 1 year of operation
- No more than 500 total employees
- Most recent total assets or total revenue of no more than \$75 million
- Total Pension Plan Assets below \$25 million, no ESOP or Multi Employer Plan (MEP) exposures (to qualify for Fiduciary Liability Quick Quote)
- No litigation relevant to the requested coverage within the past three years. A previous or existent product related claim disqualifies a candidate from the Quick Indication process for all products
- Most recent balance sheet has positive shareholder equity
- Most recent income statement has positive income
- No company mandated staff reductions of more than 30% of the work-force during the past year (only applies to companies with more than 100 employees)

Minimum Premium and Retentions

Minimum Premium by Coverage			
EPLI Employment Practices Liability	D&O/EL Directors & Officers/Entity Liability	FL Fiduciary Liability	MPL Miscellaneous Professional Liability
\$1,500	\$1,500	\$1,500	\$1,500
Minimum Retention by Coverage			
\$5,000/*\$25,000	\$5,000	\$0	\$5,000

*Minimum retention for the State of California only.

Minimum premiums may vary subject to individual state and risk requirements.



Premium Indications are unofficial and non-binding. Actual quotations are subject to underwriting approval.



Quick Indication Fax

Used for Private / For-Profit Companies and LLCs



Please fax indication to your Regional Underwriter. Go to www.cnapro.com, click on the Contact/Submission Information tab, then click on a region under Private Companies.



Check desired coverages

Miscellaneous Professional Liability

Fiduciary Liability

Employment Practices Liability

Directors & Officers/Entity Liability

All information on this form must be completed in order to process your request – PLEASE PRINT CLEARLY

Company Name _____	
Street Address _____	City _____ State ____ Zip _____
Phone _____	Fax _____
Email _____	Web address (optional) _____
Total employee count _____	Full-time _____ Part-time _____
Primary SIC/Business _____	

About the Company

- Is the applicant a privately owned corporation or limited liability company? Yes No Don't Know
- How many years has the applicant operated as an entity? _____
- Does the applicant have a full time Human Resource manager? Yes No Don't Know
- Does the applicant sponsor any defined benefit plans, Employee Stock Ownership Plans, multi-employer plans or Union ERISA plans? Yes No Don't Know
- Within the last 3 years, has the applicant, any subsidiary or any person associated with such entities, been the subject of or involved in any claim, written demand, notice, proceeding or litigation involving:

Directors & Officers/Entity Liability	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>
Employment Practices Liability	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>
Fiduciary Liability	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>
Professional Liability	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>
- Is all of the common stock of the applicant owned by Directors & Officers? Yes No Don't Know
- Does the applicant have written guidelines or procedures addressing employee harassment and discrimination that are distributed to all employees annually? Yes No Don't Know
- Does the applicant have a formal procedure for reporting and resolving employee grievances and complaints? Yes No Don't Know
- Has the applicant transacted or attempted to transact private or public debt or equity offerings within the last 18 months or are any anticipated within the next 12 months? Yes No Don't Know
- Has the applicant terminated, suspended or dissolved any plans within the last 24 months or are there any plans to do so within the next 12 months? Yes No Don't Know

Financial Information

Total Annual Revenue \$ _____	Net Income \$ _____
Total Assets \$ _____	Total Shareholders Equity \$ _____
Total Plan Assets of Defined Contribution Plans \$ _____	

Remember to tell us who you are.



From Broker Name: _____ Phone _____ Fax _____ Address _____ E Mail _____
--

CNA Underwriter Name & Fax #:

Fax to: [Regional Underwriter](#)

Premium Indications are unofficial and non-binding. Actual quotations are subject to underwriting approval.