



SECURE
NET
INSURANCE
SERVICES

Since 1988

Licensed in CA, AZ, NV, TX

Secure Net Insurance Services, Inc.
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(818) 343-4074 (Fax)
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Architects & Engineers Professional Liability Free QUICK Quote Request from "A" Rated Insurers

A. General Information:

Name of your firm:

Contact Name:

Phone:

Fax:

E-mail:

I DON'T HAVE TIME TO FILL OUT THIS FORM!

Call me now to discuss

It is too early. Call me close to my policy expiration date, which is ___/___/20___ .

My contact info is above.

Fax to (818) 343-4075 • Email: info@securenetinsurance.com

Address:

Description of your firm's practice:

Name of your Current Insurance Carrier:

Current Premium: \$

What is the Retroactive Date of your policy? ___/___/___

When does your policy expire? ___/___/___

Current Limits: Each Claim: \$ _____

Aggregate: \$

Deductible: \$

Desired Limits: Each Claim: \$

Aggregate: \$

Deductible: \$

Your expected gross billings for the next 12 months: \$

What was your gross billings for

the past Year (Last 12 months up to now): \$

2nd previous Year: \$

3rd previous Year: \$

B. Service Type:

Indicate below the service types & project types & indicate approximate percentage of each:

Architect _____%

Civil Engineer _____%

Construction Management _____%

Electrical Engineering: _____%

Full Service A/E Firm: _____%

HVAC Engineering _____%

Mechanical Engineering _____%

Sanitary Engineering _____%

Structural Engineering _____%

Transportation Engineering _____%

Surveying: _____%

Other: _____%

C. Project Type:

Commercial Buildings: _____%

Education: _____%

Healthcare: _____%

Residential: _____%. Condos: N __, Y __, If Yes: _____%

Industrial: _____% Manufacturing: _____%

Religious: _____% Road / Transportation: _____%

Sewage / Water: _____%

Other Public Sector: _____%

Please describe: _____

Other Private Sector: _____%

Please describe: _____

Has your firm had any claims in the last five years?

Yes ___ No ___

(If yes, please explain on a separate page).

When Completed, Please Fax to: (818) 343-4075 or E-Mail to: info@SecureNetInsurance.com

OR CALL: 1-800-723-5003

I am also interested in: ___ Work Comp ___ General Liability ___ Group Health ___ Employment Practices