



**ACEC MEMBER FIRM DEDUCTIBLE ASSISTANCE REQUEST**

Date \_\_\_\_\_

Our firm hereby requests assistance from The ACEC Business Insurance Trust ("BIT") to assist us in covering the amounts paid representing our deductible under The ACEC Business Insurance Program. We understand that we are requesting voluntary assistance from The BIT and that The BIT is under no obligation to grant this request.

In making this request, I am confirming that our firm is currently a member of ACEC.

Firm Name \_\_\_\_\_

Firm Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ACEC Member Organization \_\_\_\_\_

**Summary of Claim Payment Processed by The BIT's Program Carrier  
under The ACEC Business Insurance Trust Program**

Check # \_\_\_\_\_

Check Date \_\_\_\_\_

Amount of Claim \_\_\_\_\_

Amount of Deductible\* \_\_\_\_\_

Date of Claim \_\_\_\_\_

\*Note: Possible assistance is subject to limit \$1,000 per claim.  
**Claim amount must exceed deductible to be eligible for reimbursement.**

Requested by: \_\_\_\_\_  
Name  
\_\_\_\_\_  
Title  
\_\_\_\_\_  
Signature

Approved by: \_\_\_\_\_  
ACEC BIT Treasurer

Please complete the form in its entirety and send **with a copy of the processed Hartford Insurance Claim** indicating the deductible from The BIT's Program Carrier via mail or email to The ACEC BIT Treasurer:

**Michael Klingner, P.E.**  
**Klingner & Associates, P.C.**  
**616 North 24th Street**  
**Quincy, IL 62301**  
**E-Mail: mdk@klingner.com**