ACEC
Business Insurance Trust
Professional Insurance for Engineers

ACEC MEMBER FIRM
AUTO/PROPERTY DEDUCTIBLE ASSISTANCE REQUEST

Date _____

Our firm hereby requests assistance from The ACEC Business Insurance Trust (BIT) in covering the amounts paid representing our auto/property 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. Funding for this program will only be available up to the budgeted funds by the ACEC BIT each year.

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

Firm Name _____
Firm Address _____
_____
_____
ACEC State Member Organization _____

Summary of Claim Payment Processed by The BIT's Auto/Property Carrier under The ACEC Business Insurance Trust Program:

Date of Claim _____
Total Amount of Claim _____
Amount of Deductible Assistance Requested _____
Payment Check # _____
Check Date _____
Amount of Deductible _____

Note: Possible assistance is subject to a maximum of $1,000 per claim and $10,000 per year.
All deductible assistance requests must be submitted within 3 months of the claim.

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 claim from Auto/Property Carrier** indicating the deductible applied via mail or email to the ACEC BIT Treasurer & Executive Director:

Mr. Tony Casagrande, PE - Treasurer
Campos Engineering
1226 South Lake Street, Fort Worth, TX 76104
Email: tcasagrande@camposengineering.com

Ms. Mary Erchul, PE - Executive Director
ACEC BIT
1427 Panorama Ridge Rd, Oceanside, CA 92056
Email: mary.erchul@acecbit.org