

● APPLICATION ●
LAND SURVEYORS
PROFESSIONAL LIABILITY INSURANCE

THIS IS AN APPLICATION FOR A CLAIMS MADE AND REPORTED POLICY

This Application for Land Surveyors Professional Liability Insurance is intended to be used for the preliminary evaluation of a submission. When completed in its entirety, this Application will enable the Underwriter to decide whether or not to authorize the binding of insurance.

THIS APPLICATION IS NOT A BINDER

1. Name of Firm: _____ Date Established: _____
2. Address: _____ County: _____
3. Branch Office Address(es): _____
4. Phone: (____) _____ Fax: (____) _____
 E-Mail: _____ Website: _____
5. Firm is: Corporation Partnership Sole Proprietorship Professional Corporation

PERSONNEL

6. Specify personnel per categories below:

	Number	Number Licensed/Registered	Full-Time	Part-Time
A. Principals, Partners, Officers & Directors				
B. Land Surveyors:				
C. Engineers:				
D. Other Professionals:				
E. Total Personnel:				

GROSS RECEIPTS

7. Gross receipts to include reimbursable expenses and fees paid to subconsultants. Current fiscal year ends _____

Please Identify Year	Current Fiscal Year	Last Fiscal Year	Two Years Ago	Three Years Ago
Gross Receipts	\$	\$	\$	\$
Estimated Total Gross Receipts for next fiscal year \$				

PROFESSIONAL DISCIPLINES

8. Specify as a percentage of the firm's gross receipts. **Total should equal 100%.**

Land Surveying	%	Civil Engineering	%	Other	%
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8b. Please describe the firms surveying services and the nature of the "other" services specified above:

SERVICES	PROJECTS								
<p style="text-align: center;">Percent Gross Receipts (must total 100%)</p> <p>9. Enter the percentages of the firm's gross receipts attributable to the following for the last fiscal year:</p> <ul style="list-style-type: none"> a. Construction Staking _____ b. Hydrographic Surveys _____ c. Mapping _____ d. Property Boundary Surveys _____ e. Topographical Surveys _____ f. Right-of-Way Surveys _____ g. Aerial/Photogrammetry _____ h. As-Built plats _____ i. Studies/research _____ j. Other _____ 	<p style="text-align: center;">Percent of Projects (based on receipts must total 100%)</p> <p>12. a. Public Works/Infrastructure (roads, sewer, water, etc.) _____</p> <p>b. Residential _____</p> <p style="padding-left: 20px;">Residential subdivisions _____</p> <p style="padding-left: 20px;">Condominiums/Townhomes _____</p> <p style="padding-left: 20px;">Apartments _____</p> <p style="padding-left: 20px;">Private Homeowners _____</p> <p>c. Commercial/Retail _____</p> <p>d. Industrial/Pipelines _____</p> <p>e. Utilities _____</p> <p>f. Other _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>								
CLIENTS	PROJECTS								
<p style="text-align: center;">Percent of Clients (must total 100%)</p> <p>10. a. Government or Public Entities _____</p> <p>b. Private - Owners _____</p> <p>c. Contractors _____</p> <p>d. Residential Developers _____</p> <p>e. Commercial Developers _____</p> <p>f. Financial Inst./Title Cos: _____</p> <p>g. Industrial/Utilities _____</p> <p>h. Design Professionals _____</p> <p>i. Other _____</p> <p>11. What percentage of Total Gross Receipts in 7 are derived from repeat clients? _____</p>	<p>13. Approximately what percentage of the firm's services are rendered on projects involving Bridges, Tunnels, Dams or Hazardous Waste sites? _____%</p> <p>14. What percentage of the firm's projects are outside the U.S. and Canada? _____%</p>								
CONTRACTS									
<p>15. Please specify types of contracts used by the firm. Total Should Equal 100%.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 5px;">a. Standard Survey Organization contract (i.e. ACSM, NSPS, etc.) _____%</td> <td style="width: 50%; padding: 5px;">e. Client contract _____%</td> </tr> <tr> <td style="padding: 5px;">b. Firm's own standard contract _____%</td> <td style="padding: 5px;">f. Oral agreement _____%</td> </tr> <tr> <td style="padding: 5px;">c. Letter agreement _____%</td> <td style="padding: 5px;">g. Other _____%</td> </tr> <tr> <td style="padding: 5px;">d. Purchase order _____%</td> <td style="padding: 5px;">_____%</td> </tr> </table> <p>16. What percentage of the firm's contracts contain a Limitation of Liability clause? _____%</p>		a. Standard Survey Organization contract (i.e. ACSM, NSPS, etc.) _____%	e. Client contract _____%	b. Firm's own standard contract _____%	f. Oral agreement _____%	c. Letter agreement _____%	g. Other _____%	d. Purchase order _____%	_____%
a. Standard Survey Organization contract (i.e. ACSM, NSPS, etc.) _____%	e. Client contract _____%								
b. Firm's own standard contract _____%	f. Oral agreement _____%								
c. Letter agreement _____%	g. Other _____%								
d. Purchase order _____%	_____%								

FINANCIAL AND OTHER INTERESTS

For all "yes" responses to questions 17 + 18, please provide details by attachment.

17. During the past 12 months, has the firm or any principal:
- a. Become involved in a construction or real estate development company or engaged in any actual construction or hired a construction contractor to perform construction work? Yes No
 - b. Derived more than 50% of last fiscal year's gross receipts from any one client? Yes No
 - c. Become involved in the manufacture or fabrication of any component, device or system? Yes No
 - d. Been the subject of disciplinary action by authorities as a result of their professional activities? Yes No
18. a. Does the firm or any principal of the firm have any financial interest in any projects for which it has provided professional services? Yes No
- b. Is coverage for such Equity Interest desired? Yes No
- If yes, a Supplemental Application for Equity Interest Coverage must be submitted.*

SUBCONTRACTORS / SUBCONSULTANTS

19. a. Please provide, as a percentage of the Total Gross Receipts reported in Question 7, the fees paid to the firm's subconsultants in the following disciplines (*Should not total 100%*).
- Civil _____% Lab Testing _____% Soils _____% Other _____%
- b. Are all subcontractors and subconsultants hired under a written contract? Yes No
 - c. Does the firm obtain certificates of insurance from all subcontractors and subconsultants? Yes No

QA / QC ISSUES

20. Does the firm have a written Quality Assurance/Quality Control Program? Yes No
21. Does the principal check all surveys/plans before they are sent to the field/client? Yes No
22. Does the firm have an in-house program of continuing education for professional employees? Yes No
23. Has the firm participated in an Organizational Peer Review in the past five years? Yes No
24. Please list all professional societies or associations to which the firm or members of the firm belong:
- _____

CLAIMS / LIABILITY ISSUES

25. a. Have any Professional Liability claims been made against the firm or any of its members? Yes No
If yes, please use the Claim/Incident Information Supplement provided with this Application.
- b. Does the firm or any of its members have any knowledge of prior acts, errors, omissions or unresolved job controversy or other matter or circumstance which might reasonably be expected to give rise to a claim under this insurance? Yes No
If yes, please explain in detail by attachment.
- c. Does the firm have any pending dispute concerning the payment of fees to the firm for services rendered? Yes No
If yes, please explain in detail by attachment.
- d. Has the firm or any of its members given notice to any other Professional Liability underwriter of any actual or alleged act, error, omission, deficiency, property damage or bodily injury, circumstance, incident, situation, accident, unresolved job controversy or fee dispute which could result in a claim? Yes No
If yes, please use the Claim/Incident Information Supplement provided with this Application.

INSURANCE HISTORY

26. Has any insurer cancelled or refused to renew any similar insurance issued to the firm or any of its members?
If yes, please explain in detail by attachment. Yes No

27. Please detail Professional Liability insurance for the past three years. Show current policy and prior two years.

COMPANY	TERM	LIMIT	DEDUCTIBLE	PREMIUM
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Retroactive date on current policy: _____

28. Please provide current General Liability policy information:

COMPANY	TERM	LIMIT	DEDUCTIBLE	PREMIUM
_____	_____	_____	_____	_____

29. Does the firm have in effect, or has it ever obtained, separate Professional Liability insurance for a specific project?
If yes, please provide the following by attachment: Project Name, Date Construction Completed and Total Fees to applicant. Yes No

NOTE: The insurance that may be offered here will not protect you from Professional Liability claims on projects that are currently insured separately by us or other companies under a dedicated project specific policy.

INFORMATION TO BE SUBMITTED

30. Please submit the following information along with this application:

- Claims history/loss summary for the past five years.
- Resumes of key licensed land surveyors/professionals on staff.
- List of ten largest projects over the past three years or current Form 254.

31. The firm would like a quotation based on the following limit(s) and deductible(s):

Limit(s)

Deductible(s)

The applicant has read the foregoing and understands that completion of this Application does not bind the Underwriter or the Broker to provide coverage. It is agreed, however, that this Application is complete and correct to the best of applicant's knowledge and belief and that all particulars which may have a bearing upon acceptability as a Professional Liability insurance risk have been revealed. It is understood that this Application shall form the basis of the contract should the Underwriter approve coverage and should the applicant be satisfied with the Underwriter's quotation.

It is further agreed that, if in the time between submission of this Application and the requested date for coverage to be effective, the applicant becomes aware of any information which would change the answers furnished in response to Question 25 of this Application, such information shall be revealed immediately in writing to the Underwriter.

Must be signed by Owner, Partner, or Officer.

 Print or Type Your Name

 Title

 Signature of Applicant

 Date