

## Application for Surveyors Professional Liability Coverage


**NOTE:** The insurance coverage for which you are applying is written on a CLAIMS-MADE AND REPORTED policy. Only claims, which are first made against you and reported to us in writing during the policy period, are covered, subject to policy provisions. The Limits of Liability stated in the Policy are reduced by the cost of defense. Legal defense costs also may be applied against your Deductible, if applicable to the Claim. Please consult your policy directly for specific coverage. If you have any questions about the coverage, please discuss them with your insurance agent or broker.

Please indicate the limits that you would like us to quote: \$ ,000 per claim \$ ,000 aggregate

Please indicate the deductible(s) you wish us to quote: \$

### FIRM INFORMATION

**1. Principal Firm Name:**

*Please list all persons or entities for which you are seeking coverage and describe the relationship and ownership of each listed person or entity on a separate sheet. Please also list the addresses of all branch offices.*

Address:			Contact Name:		
City:			Contact Email:		
State:	Zip:	County:	Phone:	Fax:	
Website URL:					
<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> LLC	<input type="checkbox"/> Corporation	<input type="checkbox"/> Professional Corporation	<input type="checkbox"/> Subchapter S Corporation
<input type="checkbox"/> Other:					
Tax ID #:			Year Firm Established:		

**2. A.** Please indicate the full name and professional qualifications for all principals, partners, key personnel, directors or officers of current firm(s) and dates of employment (registrations and degrees, date and state acquired). If previously a principal, partner, director or officer of another firm, indicate firm name and employment dates. Please attach resume(s).

**B.** Are all individuals above, or any other land surveyors who are in responsible charge of projects for the applicant, members of ACSM, AAGS, CAGIS, GLIS, or NSPS? ☐ Y ☐ N

If no, what % are? %

**C. Staff Size:**

Classification	Number
Principals, Partners or Officers	
Other registered Land Surveyors and/or Engineers	
Supervisors, Instrument Operators	Full-Time Part-Time
Other Field Personnel	Full-Time Part-Time
Clerical Employees	Full-Time Part-Time

*Please attach a current brochure describing your firm's services. If you don't have a current brochure, describe the nature of your practice on a separate sheet.*

**SURVEYING SERVICES**

3. A. Indicate the approximate percentage of billings reported in Question 4A. derived from each of the following categories: (This section should total 100%)

% Boundary or property surveys	% Topographic surveys
% Route surveys for engineering projects	% Construction stakeout
% Photogrammetric surveys	% Hydrographic surveys
% Geodetic or control surveys	% Quantity surveys
% Mapping or cartography	% Oil/Gas Well location surveys
% Other services requiring engineering stamp	
% Subdivision work (Supervision of Plat Plans, Grading and site work, Subdivision roads and streets, curbs, gutters and natural drainage, other subdivision utilities	
% Plans and /or specifications for streets or highways, natural drainage systems, utilities, or building and other structures. Please describe these exposures in detail on a separate sheet.	
B. Of the services listed in 3A, what percentage is performed by subconsultants under contract to you?	%
C. Of the services listed in 3A, what percentage is performed under an engineering seal?	%

**ACCOUNTING YEAR DATA**

4. Please indicate your total gross billings for professional services for your firm's:

A. Past Fiscal Year: \$	B. Estimate for the next Fiscal Year: \$
C. Please provide the Total Gross Billings for each of the two years prior to the past fiscal year:	
Year: \$	Year: \$

**PROJECTS**

5. Please indicate the approximate percentage of your total gross billings in Item 4A derived from each project. This section should equal 100%.

Airport Facilities (except terminals) %	Hotels/Motels %	Petro/Chemical %
Airport Terminals %	Houses/ Single Family Residential %	Potable Water Systems %
Amusement Rides %	Industrial Waste Treatment %	Real Estate Development %
Apartments %	Jails/Justice %	Recreation/Sports %
Assisted Living Facilities %	Landfills/Solid Waste Facilities %	Roads/Highways %
Bridges %	Libraries %	Schools/Colleges %
Churches/Religious %	Manufacturing/Industrial %	Shopping Centers/Retail/Restaurants %
Condos/Co-ops %	Mass Transit %	Storm Water Systems %
Convention Centers %	Multi-family Residential excl. Condos %	Tunnels %
Arenas/Stadiums %	Nuclear/Atomic %	Warehouses %
Dams %	Office Buildings/Banks %	Water/Sewer Pipelines %
Dormitories %	Parking Structures %	Water/Wastewater Treatment %
Environmental Remediation %	Parks/Playgrounds/ Pools %	Utilities (Gas, Electric, Steam) %
Harbors/Piers/Ports %	Other (specify) %	
Hospitals/Health Care %		

**CLIENTS**

6. Please indicate the approximate percentage of your total gross billings in Question 4A. derived from each of the following categories of clients: (This section should equal 100%)

Federal Government %	State Government %	Local Government %
Foreign Government %	Commercial Entities %	Design-Build Contractors %
Financial Institutions %	General or Specialty Contractors %	Institutional Entities (Non-Public) %
Manufacturing/Industrial Entities %	Attorneys %	Lending Institutions %
Other: %	Other Design Professionals %	Real Estate Developers %



**RISK MANAGEMENT AND LOSS PREVENTION**

7. A. What percentage of your firm's projects use a written contract? (Describe the circumstances when oral agreements were used and how payment was obtained on a separate sheet.) %
- B. What percentage of your firm's written contracts contain specified payment terms? %
- C. Does your firm have procedures for monitoring and collecting outstanding fees? ☐ Y ☐ N
8. What percentage of your firm's projects do you engage with your client to produce a documented scope of services and accuracy standards, such as those established by ALTA/ACSM surveys, which are incorporated into the written agreement? %
9. What percentage of your firm's projects do you engage in a pre-project planning process that results in a project definition document? %
10. What percentage of your firm's instruments of service or deliverables are internally or externally peer reviewed prior to their delivery? %
11. What percentage of your projects with sub-consultants do you receive both a written agreement and insurance certificates evidencing general liability and professional liability coverages? %

**BUSINESS INFORMATION**

12. Does your firm, any subsidiary, parent or other organization related to your firm, or any principal, partner, officer, director or employee have a percentage ownership interest, management, or control of a company engaged in:
- A. Actual construction, fabrication or erection ☐ Y ☐ N
- B. The design, manufacture, sale, lease or distribution of any product, process or patented production process ☐ Y ☐ N
- C. Real estate development ☐ Y ☐ N
- D. Ground testing (other than percolation tests) or survey of subsurface conditions ☐ Y ☐ N
13. A. Does your firm or any principal, partner, officer, director or shareholder of your firm or an immediate family member of any such person have more than 49% combined ownership interest or act as the managing partner in any entity or project for which professional services have been or are to be rendered? ☐ Y ☐ N
- B. Does your firm render services on behalf of any other entity in which any principal, partner, officer, director or shareholder of your firm or an immediate family member of such person is a partner, officer, director, shareholder or employee? ☐ Y ☐ N
- C. Is your firm controlled, owned by or associated with or does your firm control or own any other entity? ☐ Y ☐ N
- D. Has your firm ever been party to any acquisition, consolidation, dissolution, merger, change in name or change in business organization? ☐ Y ☐ N
- E. Has your firm or any subsidiary or predecessor firm ever filed for or been in receivership or bankruptcy? ☐ Y ☐ N

14. Have any claims been made or legal action been brought in the past ten years (or made earlier and still pending) against your firm, its predecessor(s) or any past or present principal, partner, officer, director, shareholder or employee? *If yes, provide the following information for each claim on a separate sheet:* ☐ Y ☐ N
- |                               |   |
|-------------------------------|---|
| a. Date of claim              | e. Insurance company reserve, if any  |
| b. Claimant or Plaintiff      | f. Defense attorney's or insurance company's evaluation of exposure/potential liability |
| c. Allegations                | g. Defense and Indemnity Paid to Date and Status (open/closed)                          |
| d. Demand or amount of claims | h. Deductible applicable  |

15. After complete investigation and inquiry, do any of the principals, partners, officers, directors, members, shareholders, employees, or insurance managers have knowledge of any act, error, omission, fact, incident, situation, unresolved job dispute (including owner-contractor disputes), accident, or any other circumstance that is or could be the basis for a claim under the proposed insurance policy? ☐ Y ☐ N

*If yes, on a separate sheet please give details of this situation, including name of project and claimant, dates, nature of situation and amount of damages.*

**Report knowledge of all such incidents to your current carrier prior to your current policy expiration.**

The policy of insurance being applied for will not respond to incidents about which you had knowledge prior to the effective date of the policy nor will coverage apply to any claim or circumstance identified or that should have been identified in Questions 14 and 15 of this application.

<b>16.</b> Do you or any subsidiary or predecessor firm have any <b>current</b> outstanding professional liability deductible obligations? If yes, please provide details on a separate sheet, including the exact amount owed to insurance company and, if a payment schedule is in place, the amount and dates of repayments.							<input type="checkbox"/> Y <input type="checkbox"/> N
<b>17.</b> Has any similar professional liability insurance been issued to the firms or persons named in Question 1? Please provide policy information below, beginning with the most recent coverage in force.							<input type="checkbox"/> Y <input type="checkbox"/> N
<i>Insurer</i>	<i>Policy #</i>	<i>Limit</i>	<i>Deductible</i>	<i>Effective Date</i>	<i>Expiration Date</i>	<i>Premium</i>	
1.		\$	\$			\$	
2.		\$	\$			\$	
3.		\$	\$			\$	
<b>18.</b> Please provide the Retroactive Date for your most recent policy referenced in 17 above.							