

## Application for Surveyors Professional Liability Coverage

<input type="checkbox"/> New Application	<b>Schinnerer Use Only</b>
<input type="checkbox"/> Renewal Application	ISN:
Renewal Policy #:	Broker #:

**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:			

Partnership   
  Sole Proprietorship   
  LLC   
  Corporation   
  Professional Corporation   
  Subchapter S Corporation   
  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:**

<i>Classification</i>	<i>Number</i>
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 Twelve Months Billing Period: \$	B. Estimate for the next twelve months: \$
C. Please provide the Total Gross Billings for each of the two years prior to the past twelve months:	
From:                      To:                      \$	From:                      To:                      \$

**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 Arenas/Stadiums %	Multi-family Residential excl. Condos %	Tunnels %
Dams %	Nuclear/Atomic %	Warehouses %
Dormitories %	Office Buildings/Banks %	Water/Sewer Pipelines %
Environmental Remediation %	Parking Structures %	Water/Wastewater Treatment %
Harbors/Piers/Ports %	Parks/Playgrounds/ Pools %	Utilities (Gas, Electric, Steam) %
Hospitals/Health Care %	Other (specify) %	

**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 %



**16.** Do you or any subsidiary or predecessor firm have any **current** 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.  Y  N

**17.** 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.  Y  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.		\$	\$			\$
4.		\$	\$			\$
5.		\$	\$			\$

**18.** Please provide the Retroactive Date for your most recent policy referenced in 17 above.

**AGENT OR BROKER MUST COMPLETE THE FOLLOWING**

Contact Name:

Agency Name:

Address:

Phone:

Contact Email:

Fax:

<i>Status</i>	<i>License No.</i>	<i>Expo Date</i>	<i>Status</i>	<i>License No.</i>	<i>Expo Date</i>
Licensed CNA Agent (Casualty Lines) <input type="checkbox"/> Y <input type="checkbox"/> N			Licensed Casualty Agent w/Co. Other than CNA <input type="checkbox"/> Y <input type="checkbox"/> N		
Licensed Broker <input type="checkbox"/> Y <input type="checkbox"/> N			Non-Resident (If Applicable) <input type="checkbox"/> Y <input type="checkbox"/> N		

**FRAUD NOTICE—Where Applicable Under The Law of Your State**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES (For DC residents only: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by applicant.) (For FL residents only: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.) (For LA residents only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.) (For ME residents only: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.) (For NY residents only: and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.) (For PA residents only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.) (For TN & WA residents only: Penalties include imprisonment, fines and denial of insurance benefits.) (For VT residents only: any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may be subject to civil fines and criminal penalties.)

## REPRESENTATION

Applicant represents on its behalf and on behalf of each and every partner, officer, director, member, stockholder, employee and manager that the person completing this application has the authority to do so on behalf of the applicant, and that after full investigation and inquiry, the information contained herein and in any supplemental applications or forms required hereby is true, accurate and complete and that no material facts have been suppressed or misstated. Further, it is understood and agreed that the completion of this application does not bind the insurance company to sell nor the applicant to purchase the insurance.

Applicant further acknowledges on its behalf and on behalf of each and every partner, officer, director, member, stockholder, employee or insurance manager:

1. A continuing obligation to report to the Company immediately any material changes in all such information after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes;
2. If a policy is issued, the Company will have relied upon as representations: the application and any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part hereof. This application will be the basis of the contract and will be incorporated by reference into and made part of such policy.

Name of Principal, Partner or Officer:  Mr.  Mrs.  Ms.  
(Please Type or Print)

Title:

Signature (Principal, Partner, or Officer): \_\_\_\_\_

Date:

Signature (Insurance Agent) \_\_\_\_\_

Date:

**NOTE: This application must be reviewed, signed and dated within a month of submission by a principal, partner or officer of the applicant firm.**



Underwriting Managers and Program Administrators

Two Wisconsin Circle, Chevy Chase, MD 20815

(301) 961-9800 Fax: (301) 951-5444