



## SURVEYORS PROFESSIONAL LIABILITY APPLICATION

### I. INSTRUCTIONS

1. All application questions must be fully answered. If more space is needed, continue on a separate sheet and indicate the question number.
2. If a question does not apply, write "N/A".
3. When applicable, provide copies of:
  - a. Loss runs, dated within 60 days of submission, covering the past five (5) or more years.
  - b. Sample contract used with clients
  - c. Professional qualifications (i.e. resume or c.v.) of key personnel
  - d. Expiring Declarations Page with retroactive date (if applicable)

### II. GENERAL INFORMATION

1. Name of Applicant (include any DBA's) : \_\_\_\_\_
2. Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_
3. Year Business was established (MM/DD/YYYY): \_\_\_\_\_
4. Principal Address: \_\_\_\_\_
5. Total Branch Locations: \_\_\_\_\_ List all addresses for additional branches: \_\_\_\_\_
6. Applicant's website: www. \_\_\_\_\_
7. Applicant is:  Corporation  Partnership  Individual  LLC  Other \_\_\_\_\_
8. Is the Applicant firm controlled, owned or associates with any other firm, corporation or company?  Yes  No  
 If yes, are services provided to such organization(s)?  Yes  No  
 If yes, to either of the above, attached detailed explanation.

### III. PROFESSIONAL SERVICES

1. Please indicate the following:
  - a. \_\_\_\_\_ Principals (do not include below)
  - b. \_\_\_\_\_ Professionals (land surveyors, landscape architects, engineers)
  - c. \_\_\_\_\_ Technical (field personnel, supervisors, instrument operators)
  - d. \_\_\_\_\_ Administrative and other
2. Total Gross Revenues: (Please provide projections if a new business)

PROJECTED CURRENT YEAR	1 <sup>ST</sup> YEAR PRIOR	2 YEARS PRIOR
\$ _____	\$ _____	\$ _____

3. Percentage of annual gross revenues for the upcoming year:
- a. Domestic: \_\_\_\_\_ %
- b. Foreign: \_\_\_\_\_ %
4. Indicate the approximate percentage of billings reported derived from each of the following categories: (This section must total 100%)

Aerial/ Photogrammetric Surveys		Mapping or Cartography	
As Built Surveys		Mortgage/ Title Surveys	
Boundary or Property Surveys		Plans/ Specifications	
Building Location Surveys		Residential Subdivision Surveys	
Construction Stakeout		Right Surveys for Engineering Projects	
Flood Plain Surveys		Topographic Surveys	
Global Positioning Systems (GPS) Surveying		Utility Location	
Hydrographic Surveys		Other (Specify)	

5. Please indicate the approximate percentage of your total gross billings derived from each project type

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)		Other (Specify)	

6. Please indicate the approximate percentage of your total gross billings from each client type:

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 (Specify):		Other Design Professionals		Real Estate Developers	

7. Were more than 50% of the Applicant's gross revenues for any of the last year years derived from any one contract?  Yes  No  
 If yes, provide name of the client, the specific dollar value of this work, description of work performed and duration of contract: \_\_\_\_\_
8. Does the Applicant firm use a written contracts with clients?  
 In all cases       Sometimes       Never
- a. Do written contracts contain specified payment terms?  
 b. Does your firm have procedures for monitoring and collecting outstanding fees?  Yes  No
9. 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 in the written agreement? \_\_\_\_\_ %
10. What percentage of your firm's projects do you engage in a pre-project planning process that results in a project definition document? \_\_\_\_\_ %
11. What percentage of your firm's instruments of service or deliverables are internally or externally peer reviewed prior to their delivery? \_\_\_\_\_ %
12. 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? \_\_\_\_\_ %
13. Does your firm, any subsidiary, parent or other organization related to your firm, or any principal, officer, director or employee have a percentage ownership interest, management, or control of a company engaged in:
- a. Actual construction fabrication or erection?  Yes  No  
 b. The design, manufacture, sale, lease or distribution of any product, process or patented production process  Yes  No  
 c. Real estate development  Yes  No  
 d. Ground testing (other than percolation tests) or survey of subsurface conditions  Yes  No
14. Please provide examples of exposures to professional liability / error & omissions allegations that could be made against you or those in your industry: \_\_\_\_\_
15. For each possible allegations described above please describe the safeguards or procedures the entity employs to avoid or reduce the claims and/or exposures identified: \_\_\_\_\_
16. Is the Applicant engaged in any business profession other than as described above?  Yes  No  
 If "yes" explain and provide gross revenue for current year: \_\_\_\_\_

#### IV. INSURANCE AND LOSS HISTORY

1. Is similar insurance currently in force?  Yes  No  
 If yes, provide:  
 Description of services being covered: \_\_\_\_\_



## V. FRAUD WARNINGS

**General Fraud Warning:** 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.

### Applicable Notice to Applicants in:

<b>Alabama</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
<b>Alaska</b>	Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
<b>Arizona</b>	For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
<b>Arkansas</b>	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.
<b>California</b>	For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
<b>Colorado</b>	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
<b>Delaware</b>	Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
<b>District of Columbia:</b>	WARNING: 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 the applicant.
<b>Florida</b>	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.
<b>Idaho</b>	Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.
<b>Indiana</b>	A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
<b>Kentucky</b>	Any person who knowingly and with intent to defraud any insurance company or other person files a 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.
<b>Louisiana</b>	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.
<b>Maine</b>	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.
<b>Maryland</b>	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>Minnesota</b>	A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.
<b>New Hampshire</b>	Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

<b>New Jersey</b>	Claim: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Application: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
<b>New Mexico</b>	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 civil fines and criminal penalties.
<b>New York</b>	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 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.
<b>Ohio</b>	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
<b>Oklahoma</b>	Warning: any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
<b>Oregon</b>	Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.
<b>Pennsylvania</b>	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.
<b>Rhode Island</b>	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.
<b>Tennessee</b>	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
<b>Texas</b>	Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
<b>Virginia</b>	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
<b>Washington</b>	It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.
<b>West Virginia</b>	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.

## VI. NOTICE TO APPLICANT

NOTICE: THE INSURANCE COVERAGE FOR WHICH THE APPLICANT IS APPLYING IS WRITTEN ON A CLAIMS MADE AND REPORTED POLICY, WHICH APPLIES ONLY TO **CLAIMS** FIRST MADE AND REPORTED DURING THE **POLICY PERIOD** AS STATED IN THE DECLARATIONS, OR ANY APPLICABLE **EXTENDED REPORTING PERIOD**. THE LIMIT OF LIABILITY TO PAY **DAMAGES** WILL BE REDUCED AND MAY BE EXHAUSTED BY **CLAIM EXPENSES**, AND **CLAIM EXPENSES** MAY BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT, IF APPLICABLE. IN NO EVENT WILL WE BE LIABLE FOR **DAMAGES** OR **CLAIM EXPENSES** IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY. IT IS IMPORTANT THAT YOU REPORT ANY KNOWN CLAIMS AND/OR CIRCUMSTANCES OR INCIDENTS THAT COULD RESULT IN A CLAIM TO YOUR CURRENT INSURER OR PURCHASE AN EXTENDED REPORTING PERIOD ENDORSEMENT TO POTENTIALLY COVER SUCH CLAIMS AND/OR CIRCUMSTANCES OR INCIDENTS. WE WILL NOT PROVIDE COVERAGE, AND COVERAGE IS EXPRESSLY EXCLUDED, FOR CLAIMS AND/OR CIRCUMSTANCES OR INCIDENTS OF WHICH THE APPLICANT HAS KNOWLEDGE AND/OR IS AWARE PRIOR TO THE EFFECTIVE DATE OF THIS POLICY, IF OFFERED AND ACCEPTED. PLEASE READ THE ENTIRE **APPLICATION** CAREFULLY BEFORE SIGNING.

VII. REPRESENTATION AND WARRANTY

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant represents and warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate, or omit any material facts. The Applicant agrees it has a continuing obligation to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion. Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance. All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

<b>Name of Applicant:</b>		
<b>Signature of person authorized to execute on behalf of the Applicant:</b>		<b>Date:</b>
<b>Print name and title of person authorized on behalf of the Applicant:</b>		
<b>Agent/Broker Name:</b>	_____	