



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 ST 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 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: _____

POLICY PERIOD	CARRIER	PER CLAIM/ AGGREGATE LIMIT	DEDUCTIBLE	RETROACTIVE DATE	PREMIUM
					\$
					\$
					\$

If you are requesting prior acts coverage you will be asked to upon binding coverage to provide a copy of your current insurance declaration page documenting the expiring retroactive date and limits. Prior acts coverage may not be available if the date of your current retroactive coverage is different from what we have quoted or if there is any gap between effective dates.

2. Requested limits: \$100k/\$300k \$250k/\$250k \$500k/\$500k
 \$1M/\$1M \$2M/\$2M Other: _____
Requested Deductible: \$2,500 \$5,000 \$10,000 Other: _____
3. Has any Insurer cancelled, rescinded, nonrenewed or declined any similar insurance for the Applicant, its predecessors, subsidiaries, affiliates, and/or any other person or organization proposed for this insurance in the last 5 years? Yes No
If yes, please explain why: _____
4. After inquiry, with each person as appropriate, in the last five (5) years, have any claims been made against the person or entity applying for insurance, or any of your past or present members, partners, officers, directors, employees, or any predecessors in business? Yes No
If yes:
a. How many claims have been made in the past five (5) years: _____
b. Complete a separate Supplemental Claim Application for each claim.
5. Is the Applicant or any principal, partner, owner, officer, director, employee, manager, or managing member of the Applicant or any person(s) or organization(s) proposed for this insurance aware of any fact, circumstance situation, incident, or allegation of negligence or wrongdoing, which may afford grounds for any claim such as would fall under proposed insurance? Yes No
If yes, provide full details: _____
6. Does the Applicant carry General Liability Insurance: Yes No
If yes, provide:
a. Insurer: _____
b. Limits: _____
c. Does the coverage include Products/ Completed Operations Hazards? Yes No

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:

Alabama	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.
Alaska	A 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.
Arizona	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.
Arkansas	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.
California	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.
Colorado	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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
Delaware	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.
District of Columbia:	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.
Florida	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 of the third degree.
Idaho	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.
Indiana	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.
Kentucky	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.
Louisiana	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.
Maine	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.
Maryland	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.
Minnesota	A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.
New Hampshire	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.

New Jersey	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.
New Mexico	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.
New York	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.
Ohio	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.
Oklahoma	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.
Pennsylvania	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.
Rhode Island	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.
Tennessee	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.
Virginia	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.
Washington	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.
West Virginia	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.

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