

Application for Surveyors Professional Liability Coverage

Important Instructions:

Please:

1. Answer all questions completely.
2. If there is insufficient space to complete an answer, continue on a separate sheet of your firm's letterhead. Indicate the question number.
3. This form must be completed, signed and dated by a principal, partner or officer of your firm.
4. Send completed application through a local insurance agent or broker.

New Application

Renewal Application

Renewal Policy #:

Schinnerer Use Only

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.

B. Are all individuals above, or any other land surveyors who are in responsible charge of projects for the applicant, members of an ACSM member organization?

Y N

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.

RISK MANAGEMENT AND LOSS PREVENTION						
3.	Does your firm have an in-house program of continuing education for key or professional employees? This includes attendance at ACSM, NSPS, or other state affiliate sponsored seminars, college level courses, other technical seminars, and other professional development activities.					<input type="checkbox"/> Y <input type="checkbox"/> N
4.	Does your firm have procedures for monitoring and collecting outstanding fees?					<input type="checkbox"/> Y <input type="checkbox"/> N
5.	What percentage of your services in the past 12 months follows the standard ALTA/ACSM survey format?					%
6.	A. Does your firm use written contracts on every project?					<input type="checkbox"/> Y <input type="checkbox"/> N
	If yes, do your written contracts contain specified payment terms?					<input type="checkbox"/> Y <input type="checkbox"/> N
	If no, please provide us with the percentage of your past 12 months' billings where oral agreements were used: <i>(Describe the circumstances when oral agreements were used on a separate sheet.)</i>					%
	B. Please specify the approximate percentage of your firm's professional services rendered under AIA or EJCDC standard forms of agreement:					%
	C. If non-standard contracts or modified AIA or EJCDC contracts or "letter" agreements are used, are they reviewed by your firm's legal counsel for liability implications prior to signing?					<input type="checkbox"/> Y <input type="checkbox"/> N
7.	Does your firm engage your clients in a pre-project planning process that results in a project definition document? If so, what percentage of your projects include such a process?					% <input type="checkbox"/> Y <input type="checkbox"/> N
8.	Are the instruments or deliverables of your professional services internally or externally peer reviewed prior to their delivery to the client?					<input type="checkbox"/> Y <input type="checkbox"/> N
	If so, what percentage of your projects receive such a peer review?					%
9.	On projects in which you perform construction contract administration services, do you maintain a documented submittal or shop drawing log?					<input type="checkbox"/> Y <input type="checkbox"/> N
	If so, what percentage of your construction phase submittal logs include both as-planned dates (dates from the contractor's submittal schedule) and actual dates you received and responded to each submittal?					%
10.	A. Does your firm have a procedure in place that requires sub-consultants to provide you with insurance certificates evidencing general liability and professional liability coverages?					<input type="checkbox"/> Y <input type="checkbox"/> N
	B. For what percentage of gross billings generated by your sub-consultants do you obtain such certificates of insurance?					%
11.	Whom in your firm should receive Schinnerer's Risk Management publications, <i>Guidelines for Improving Practice and Liability Update</i> ? Name and Title: _____ Email: _____					
ACCOUNTING YEAR DATA						
12.	Please indicate your total gross billings for professional services for your firm's:					
A.	For the past 12 months: \$ _____		B. Estimate for the next 12 months: \$ _____			
C.	Please provide the Total Gross Billings for each of the four years prior to the past 12 months:					
	Year:	\$ _____	Year:	\$ _____	Year:	\$ _____
D.	Were more than 50% of all your total gross billings in 12A above derived from a single client or contract? If yes, please specify such client in the chart below.					<input type="checkbox"/> Y <input type="checkbox"/> N
	Client	Location	Project Type	Your Services	Total Gross Billings	Construction Values
						\$ _____
	Length of time such relationship is expected to continue: _____					
CLIENTS DATA						
13.	Please indicate the approximate percentage of your total gross billings in Question 12A 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	%
PROJECT TYPES						
14.	Indicate the approximate percentage of billings reported in Question 12A derived from each of the following categories: (This section should total 100%)					
A.	Subdivision Work		% Supervision of Plat Plans		% _____	

Boundary or property surveys	%	Grading and site work	%
Route surveys for engineering projects	%	Subdivision roads and streets	%
Photogrammetric surveys	%	Curbs, gutters and natural drainage	%
Geodetic or control surveys	%	Other subdivision utilities	%
Mapping or cartography	%	Topographic surveys	%
Construction stakeout	%	Other services requiring engineering stamps	%
Hydrographic surveys	%	Other:	%
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 14A, what percentage is performed by subconsultants under contract to you?			%
C. Of the services listed in 14A, what percentage is performed under an engineering seal?			%
15. Please indicate the approximate percentage of your total gross billings in Question 12A derived from each project type:			
Airport Facilities (except terminals)	%	Hotels/Motels	%
Airport Terminals	%	Houses/ Single Family Residential	%
Amusement Rides	%	Industrial Waste Treatment	%
Apartments	%	Jails/Justice	%
Assisted Living Facilities	%	Landfills/Solid Waste Facilities	%
Bridges	%	Libraries	%
Churches/Religious	%	Manufacturing/Industrial	%
Condos/Co-ops	%	Mass Transit	%
Convention Centers	%	Multi-family Residential excl. Condos	%
Arenas/Stadiums	%	Nuclear/Atomic	%
Dams	%	Office Buildings/Banks	%
Dormitories	%	Parking Structures	%
Environmental Remediation	%	Parks/Playgrounds/ Pools	%
Harbors/Piers/Ports	%	Other (specify)	%
Hospitals/Health Care	%		%
BUSINESS INFORMATION			
16. 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			<input type="checkbox"/> Y <input type="checkbox"/> N
B. The design, manufacture, sale, lease or distribution of any product, process or patented production process			<input type="checkbox"/> Y <input type="checkbox"/> N
C. Real estate development			<input type="checkbox"/> Y <input type="checkbox"/> N
D. Survey of bridges (over 50 feet), tunnels, or dams			<input type="checkbox"/> Y <input type="checkbox"/> N
E. Survey of retaining walls			<input type="checkbox"/> Y <input type="checkbox"/> N
F. Highways			<input type="checkbox"/> Y <input type="checkbox"/> N
G. Ground testing (other than percolation tests)			<input type="checkbox"/> Y <input type="checkbox"/> N
H. Survey of subsurface conditions			<input type="checkbox"/> Y <input type="checkbox"/> N
I. Hazardous/toxic disposal sites, superfund sites, underground storage tanks, solid waste sites or landfills			<input type="checkbox"/> Y <input type="checkbox"/> N
If the answer to A, B, C, D, E, F, G, H, or I is yes, please provide full details on a separate sheet, including a description of the services performed, construction involved, relationships of persons and fees received. Enclose sample contract(s).			
17. 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?			<input type="checkbox"/> Y <input type="checkbox"/> 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?	<input type="checkbox"/> Y <input type="checkbox"/> N
C.	Is your firm controlled, owned by, or associated with, or does your firm control or own any other entity?	<input type="checkbox"/> Y <input type="checkbox"/> N
D.	Has your firm ever been party to any acquisition, consolidation, dissolution, merger, change in name or change in business organization?	<input type="checkbox"/> Y <input type="checkbox"/> N
E.	Has your firm or any subsidiary or predecessor firm ever filed for or been in receivership or bankruptcy?	<input type="checkbox"/> Y <input type="checkbox"/> N

If the answer to 17A, B, C, D or E above is yes, please provide full particulars on a separate sheet. For 17D, please include a listing each firm name in chronological order and specify the date of the change, and include claims information for each firm name.

NEW APPLICANT INFORMATION

18.	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? <i>If yes, provide the following information for each claim on a separate sheet:</i>	<input type="checkbox"/> Y <input type="checkbox"/> 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
19.	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? <i>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.</i>	<input type="checkbox"/> Y <input type="checkbox"/> N

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 18 and 19 of this application.

20.	Has any insurer declined, cancelled or refused to renew any similar insurance for your firm or any predecessor firm? (Not Applicable in Missouri) <i>If yes, please give details:</i>	<input type="checkbox"/> Y <input type="checkbox"/> N																												
21.	Do you or any subsidiary or predecessor firm have any current outstanding professional liability deductible obligations? <i>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.</i>	<input type="checkbox"/> Y <input type="checkbox"/> N																												
22.	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																												
	<table border="1"> <thead> <tr> <th>Insurer</th> <th>Policy #</th> <th>Limit</th> <th>Deductible</th> <th>Effective Date</th> <th>Expiration Date</th> <th>Premium</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> <td>\$</td> <td>\$</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td>2.</td> <td></td> <td>\$</td> <td>\$</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td>3.</td> <td></td> <td>\$</td> <td>\$</td> <td></td> <td></td> <td>\$</td> </tr> </tbody> </table>	Insurer	Policy #	Limit	Deductible	Effective Date	Expiration Date	Premium	1.		\$	\$			\$	2.		\$	\$			\$	3.		\$	\$			\$	
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1.		\$	\$			\$																								
2.		\$	\$			\$																								
3.		\$	\$			\$																								
23.	Please provide the Retroactive Date for your most recent policy referenced in Question 22.																													

AGENT OR BROKER MUST COMPLETE THE FOLLOWING

Contact Name			License Number	Expiration Date
Agency Name		CNA Agent (Casualty Lines)		
Address		E&S License		
Contact Email Address		Other Casualty Agent License		
Phone	Fax	Non-Resident License (If Applicable)		
		Licensed Broker		

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 or incomplete 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 Florida 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 Maine 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 New York 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 Tennessee and Washington residents only: Penalties include imprisonment, fines and denial of insurance benefits.) (For Vermont 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.
(Please Type or Print) Mrs.
Ms.

Title:

Signature: (Principal, Partner or Officer)

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