

Surveyors' Plan

PROFESSIONAL LIABILITY INSURANCE APPLICATION

GENERAL INFORMATION

1. Full Name of Firm or Applicant (Operating Name) and Contact Information:

Name: _____ Telephone: _____
 Address: _____ Fax: _____
 _____ Email: _____

Additional Operating Names, Former Firms and Holding Companies:

Please note it is your responsibility to ensure the completeness and accuracy of those listed entities on the policy which you are applying for

2. List all Licensed Land Surveyors to be insured by the Applicant as of application date:

Name of all Licensed Surveyors and Engineers	Registration Number	List of Provincial Assoc. and Qualifications	Are you a Commissioned CLS? Yes/No

Please attach separate page if sufficient room has not been provided on this form

3. Total Number of Land Surveyors: _____ Total Number of Engineers: _____ Total Number of Staff: _____

LIMITS AND DEDUCTIBLES

4. Please select which limit option(s) you would like to receive quotations for below:

- a) \$500,000 per claim/ \$1,000,000 aggregate \$5,000 deductible \$10,000 deductible Other \$ _____
- b) \$1,000,000 per claim/ \$2,000,000 aggregate \$5,000 deductible \$10,000 deductible Other \$ _____
- c) \$2,000,000 per claim/ \$2,000,000 aggregate \$5,000 deductible \$10,000 deductible Other \$ _____
- d) \$2,000,000 per claim/ \$3,000,000 aggregate \$5,000 deductible \$10,000 deductible Other \$ _____
- e) Other Limit required: \$ _____ \$5,000 deductible \$10,000 deductible Other \$ _____

Please note that a quote sheet showing all selected limits of liability offered under the PSC Errors & Omissions Liability program will be emailed to you prior for your review & approval prior to binding coverage

The maximum deductible allowed is 5% of gross fees, subject to any minimum required under your Provincial Association by-laws. If your gross fees are less than \$100,000, the maximum deductible permitted will be \$5,000.

ANNUAL GROSS INCOME

5. Gross Income	Actual Gross Income 2016 – 2017 Term	Projected Gross Income 2017 – 2018 Term
Land Surveying	\$ _____	\$ _____
Consulting Engineering (if applicable)	\$ _____	\$ _____
Total:	\$ _____	\$ _____

List activities of firm by percent of Gross Income:

1) Cadastral (Legal) Surveys	_____	%
2) Construction Layouts	_____	%
3) GIS/LIS Work	_____	%
4) Consulting Engineering	_____	%
5) Other (Please specify below)	_____	%
<hr/>		
TOTAL:	100	%

6. In the past year, have you earned any revenue from work performed outside Canada? Yes No

If "YES", please provide details including Location , Nature of Service, Revenue, Client and Date Services Performed:

ENGINEERING SERVICES

7. Does the applicant firm derive any of the above fees from the performance of services, which by the provisions of any applicable Federal or Provincial Law, Statute or Legislation, are required to be performed by a Professional Engineer?

Yes No

If "YES":

- a) Do you wish to have the policy **extended** to cover **Consulting Engineering Services**? Yes No
(Please note that Engineering fees must not exceed 25% of your total Practice fees to do this, otherwise alternative quotes will be sought on your behalf)

If "YES"

- a) Please indicate the amount of Gross Fees / Billings that are derived from **Consulting Engineering Services** that require the stamp of a Professional Engineer. \$ _____
- b) Please indicate the engineering disciplines in which you practice (i.e. structural, mechanical, civil, etc.)

- c) Do you or have you provided Building Envelope services on Multi Unit Residential projects? Yes No

If "YES":

Please provide full details on a separate page and attach to this application, and advise the amount of fees earned from these types of projects. \$ _____

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CLAIMS DECLARATION

8. **Note:** This question pertains only to claims that have NOT been previously reported to the Insurance Company or its Authorized Representative under the PSC Professional Liability Program.

Do you currently carry Professional Liability Insurance? Yes No

If yes, please provide the following information on your Professional Liability (E&O) Insurance for the past (3) years:

Name of Insurer	Limits of Liability	Deductible	Policy Period	Premium

Retroactive Date of current policy (if any): DD/MM/YYYY: _____

Have you ever had a claim made against you arising out of the performance of professional services? Yes No

If "Yes" please provide details, including the date, claimant, circumstances, amount(s) involved, and whether the claim is currently open.

I / We hereby declare that to the best of my / our knowledge, the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Application form. The undersigned further agrees that if any significant change in the conditions of the Applicant is discovered between the date of this Application form and the effective date of the policy, which would render this Application form inaccurate or incomplete, notice of such change will be reported immediately in writing to Arthur J. Gallagher Canada Limited (formerly The CG&B Group).

Signing of this Application form does not bind the Applicant to purchase the insurance. The undersigned Applicant agrees that this form and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this form will become part of the policy, but is agreed that this form shall be the basis of the contract should a policy be issued.

Applicable to Residents of BC only:

I/We hereby authorize Arthur J. Gallagher Canada Limited (formerly The CG&B Group) or The Provincial Association of B.C. Land Surveyors to provide details regarding the limits and deductibles of any contract of insurance that is effected by the completion of the application to the Ministry of Transportation and Highways, B.C. and issue a 30 Days' Notice of Cancellation endorsement to the Ministry of Transportation and Highways.

Name of Applicant: _____

Date: _____

Signature: _____

Title: (Owner, Officer, Partner) _____

Please send a copy of this application back to the attention of Laura Stewart

Email: Laura.Stewart@ajg.com or Fax: 1-905-479-9164

Mail: Arthur J. Gallagher Canada Limited

120 South Town Centre Blvd., Markham, ON, L6G 1C3

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