



ASSOCIATION OF ONTARIO LAND SURVEYORS
PROFESSIONAL LIABILITY INSURANCE APPLICATION

GENERAL INFORMATION

1. Full Name of Applicant and Contact Information:

Name of Applicant: Telephone:
Address: Fax:
Email:

If any of the contact information has changed within the last year please note the changes above.

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

Blank lines for listing Ontario Land Surveyors to be insured.

Note: Any change in the above information occurring during the policy term must be immediately reported to the AOLS. Policy premium charges may also apply.

ANNUAL GROSS INCOME

3. a) Actual Gross Income from last fiscal year: \$
b) Projected Gross Income for next fiscal year: \$
c) List activities of firm by percent of Gross Income:

- 1) Cadastral (Legal) Surveys %
2) Construction Layout & Engineering Surveys %
3) GIS/LIS Work %
4) Other (Please specify below) %
TOTAL: 100 %

4. 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:

Blank lines for providing details of revenue from work performed outside Canada.

LIMITS AND DEDUCTIBLES

5. 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
- B) \$1,000,000 per claim/ \$2,000,000 aggregate, \$5,000 deductible
- C) \$2,000,000 per claim/ \$3,000,000 aggregate, \$5,000 deductible
- D) \$3,000,000 per claim/ \$4,000,000 aggregate, \$5,000 deductible
- E) \$4,000,000 per claim/ \$5,000,000 aggregate, \$5,000 deductible
- F) \$5,000,000 per claim/ \$6,000,000 aggregate, \$5,000 deductible

CLAIMS DECLARATION

6. Professional Liability Claims

Do you have any knowledge or information of any negligent act, any error, any omission, or breach of duty that might give rise to a claim against you, or any reason to anticipate that a claim might be brought against you? Yes No

If "Yes", please provide details:

6. Does your firm (or related business) provide any engineering services? Yes No

I / We hereby declare that to the best of my / our knowledge, the statements set forth herein are true. Signing of this application does not bind the applicant, Arthur J. Gallagher Canada Limited (formerly The CG&B Group), or the Insurer to complete the Insurance, but is agreed that this form shall be the basis of the contract should a policy be issued.

I / we may have provided personal information in this document and by other means and I / we may in the future provide further personal information. Some of this personal information may include, but is not limited to, my / our credit information and claims history. I / We authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me / us, assessing my /our application for insurance and underwriting my/ our policies, renewals, changes of coverage, evaluating claims, detecting and preventing fraud, and analyzing business results. I / we confirm that all individuals whose personal information is contained in this document have authorized that I / we agree to the above on their behalf.

Name of Applicant: _____

Signed by:

Title: (Owner, Officer, Partner) _____ Date: _____

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