

Surveyors' Plan

Preliminary Interview or Fact Sheet for Land Surveyors

IMPORTANT: The Insured should assemble copies of all documents relevant to the problem.

Name of Claimant: _____

Address: _____

Phone: _____ Fax: _____

Is claimant represented by legal counsel? _____

A. POLICY DETAILS

1. Certificate No.: LS _____ 2. Certificate Period: _____ to _____
(dd/mm/yy) (dd/mm/yy)
3. Continuing Cert. No.: LS _____ 4. Limit: \$ _____ Agg: \$ _____
5. Deductible: \$ _____

B. PARTICULARS OF JOB

1. Job description, Address and Location: _____

2. Owner of Project: _____
3. General Contractor (if applicable): _____
4. Other Consultants (list of known): _____
5. Description of Insured's mandate: _____

6. Date Survey Started: _____ Date Construction Started: _____
(dd/mm/yy) (dd/mm/yy)
Construction Halted: _____ Date of Substantial Completion: _____
(dd/mm/yy) (dd/mm/yy)

Date of Final Acceptance: _____
(dd/mm/yy)

7. Provide copy of contract between insured and owner or letter of confirmation or description of contract.

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C. PARTICULARS OF THE POTENTIAL PROBLEM

1. Allegations involving your work. Provide full description: _____

2. Who is making the complaint/allegations? (please attach letter) _____

3. How is the complaint/allegation made if no letter? _____
4. Date of allegations/complaint: _____
(dd/mm/yy)
5. Insured's opinion as the cause of problem: _____

6. Estimated or actual cost of remedial work if applicable: \$ _____
7. Is there a potential for delays or other costs? _____
8. Are insured's fees being paid? If not, what is owed: \$ _____
9. What action is to be taken on fees? _____
10. Is there any property damage involved? _____
11. Is there any bodily injury involved? _____
12. Describe atmosphere between insured and owner/client: _____

Date Prepared: